CORRESPONDENCE

Editor, THE AMERICAN JOURNAL OF PSY-CHIATRY :

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ted mainly to coronary episodes and cardiac conditions. I am sure that with survinul-I agree with Dr. Kalinowsky that succinyl-choline chloride should not be used by every psychiatrist routinely or we shall have many nore deaths. However, when a person skilled n anesthetic procedure assists, when oxygen choline chloride those deaths would not have with the 1% to 10% fractures reported given. with Bournes given routinely, I believe it is a very safe traumatic 5 deaths from unpremedicated treatment were attribuoccurred because the stress on the cardiovas-July would like to comment electroshock without premedication has been extremely rare and that practically all the deaths were do not 5 deaths none of these had succinylcholine approximately medical complications. Dr. Kalinowsky re-ports that he had heard of deaths due to sucdeath. of oxygen under positive pressure or whether In connection with Dr. Kalinowsky's state pentothal. reported as com cinylcholine chloride in personal communica tions but he does not state the cause of death cular system would have been that much les With our 17,000 treatments with succiny ering whether death was due failure without the correct use choline chloride we have had no complaint deaths and PSYCIIIATRYare in patients who had received curare. I find this true in our experience at B THERAPY The We have reported is certainly less treatments any relaxant drug or He first states that death in the cardiovascular system. have started using we have now had with no back pain and no fractures on some of his statements. am wondering whether in 70,000 treatments and curare or any relaxant o they were cardiac deaths. OF am sure ELECTRIC CONVULSIVE we have started when unpremedicated OURNAL and treatments procedure and it wood Hospital. this true much interes espiratory AMERICAN chloride without 0000'21 CORRESPONDENCE pared Since (7) was ts of 34 eligible. arugs in usual doses with ECI. In this 3-month period there has been neither deaths that there is no contraindication to continuing SIR: Following a discussion of Dr. Lothar with addition to chloropromazine, the larger per-centage of the staff add atropine grs. 1/150, sodium pentothal and succinylcholine chloride -sop vith ECT and the above-mentioned drugs vithout ill effects. In only one case where eserpine was being administered in dosages of 1.0 mg. q.i.d. was respiratory distress fol-owing ECT of concern. The reserpine was the patient completed his of our staff that there complications resulttranquilizing rom this experience it has been concluded Psya survey actically every case chloropro-combined with ECT in doses Ξ with electroconvulsive therapy, the staff of Glenwood Hills Hos-pital, Minneapolis, would like to report their 1956, through March 31, 1956. A total of 2,803 electroshock treatments were adminis-Five of the doc-0.25 mg. to 0.5 mg. q.i.d., combined doctor Kalinowsky's letter, in the March issue, page 745, of the American Journal of Psychiatry 745, of the American Journal of Psychiatry, cautioning the usage of chloropromazine and anuary I In this of varying from 25 mg. to 100 mg., q.i.d. A total leir preshock routines. Five of the have frequently used reserpine in experience in using these medications ECT. OF consists techniques employed by each course of ECT without complication. Board bers, all Board men or Board research committee has made Z THE AMERICAN JOURNAL a 3-month period from J combination of the doses with ECT PRÉMEDICATION Our neuropsychiatry staff has been no increase of is the consensus In practically combined and drugs in usual 20 from the nor fractures. members, all discontinued was reserpine CHIATRY without o their of mazine the Editor, during tered. ages with + bo Our of J.C S

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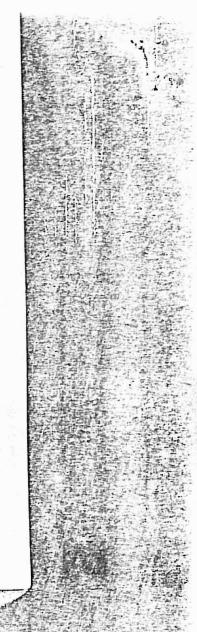
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he Research Committee of

Glenwood Hills Hospital

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I want to repeat that if succinylcholine chloride is used one should have experience with the method and should be skilled in the technique of maintaining a patent airway and oxygen under positive pressure. I agree with Dr. Kalinowsky that the routine use of succinylcholine chloride by unskilled persons will lead to fatalities, but the effort should be made to train men in the use of succinylcholine chloride and/or to use nurse-anesthetists skilled in the procedure so that the goal of routine use of succinylcholine chloride can be attained.

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ADDITIONAL REMARKS ON IN ELECTRIC CONV VULSIVE DANGER . OF PREMEDICATION THERAPY

Editor, The American Journal of Psychiatry:

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THE DANGER OF VARIOUS TYPES OF MEDICATION DURING ELECTRIC CONVULSIVE THERAPY

Editor, THE AMERICAN JOURNAL OF PSY-CHLATRY :

communications on fatalitics which remain unpublished because of understandable fear The purpose of this brief note, SIR: Being in contact with many psychi-(ECT), I am greatly alarmed by personal to inform the profession and to warn atrists who give electric convulsive therapy against unnecessary use of various types of medication in connection with this treatment. of law suits,

Death in ECT without premedication has been extremely rare. This is in accordance with the neurological experience that a con-An analysis of the first report on fatalities in ECT showed that those who had died during andication with curare. In my own large Yet, this too undoubtedly adds Reports on object to occasionally heard statements that administration of ECT without a muscle rebrant constitutes negligence. Knowing that in European countries succinylcholine is even more widely used than here, I wrote to two to their answers, one of them discontinued succinylcholine after one fatality; the other had 2 fatalities with 15 mg. and 20 mg. succinylcholine respectively. Such eccurrences cannot be minimized by the fact that many others have used this technique rulsion in itself is a mechanism which the the actual treatment had all received precurred in one of the few cases treated with Muscle relaxation is now widely fatalities are rare, but unpublished neariatalities and deaths are sufficient reason to European experts on electroconvulsive therrecommended with the less dangerous sucexperience with ECT the only fatality ochuman body is able to stand very well. to the risk of the treatment. without untoward results. According cinylcholine. curare. -YGS

intravenous barbiturates have to be given in combination with the cuscle relaxant add further to the potential rist; although we all have to use intravenous The fact that

barbiturates even without muscle relaxation in selected cases to counteract postconvul-sive excitement. It is undeniable, however, respiratory difficulties are greater in such patients than in those treated without barbiturates. that

such fatalities. One case each of death from ECT during chlorpromazine and reserpine medication will be quoted briefly. A man, age 55, suffering from a depression, had a blood pressure of 1.15/90 and a normal EKG. He took a first tablet of 50 mg. of Thorazine the evening before the first ECT and a second tablet of 50 mg. of Thorazine the morning of the treatment. After the con-ECT. I received detailed reports on several talities in patients who are under chlorpromazine and reserpine medication while given vulsion he resumed normal respiration but Much more serious is the sharp rise of faexpired a minute later. No autopsy.

and reserpine, I mg., b.i.d. during a relapse of his schizophrenic symptoms. During this him also reports 5 near-fatalities in patients least 2 or 3 weeks. They became ashen in color and showed signs rather of cardiac than A physically healthy young man, age 20, who had received ECT before, was placed on medication ECT was resumed, and he died in the 8th treatment with signs of cardiac arrest. cerebral edema. The psychiatrist who treated who had taken reservine I mg. b.i.d. for at respiratory arrest. He had had no similar excontinued medication with reserpine in ECT periences before he started, nor since he dispulmonary revealed only Autopsy patients.

That intravenous barbiturates add to the danger in such cases is suggested by a fatality but who was given intravenous penthotal as premedication to his first electroshock treatzine on barbiturates might have contributed ment. The potentiating effect of chlorpromain a man who took Thorazine only irregularly to this accident. [M.a.

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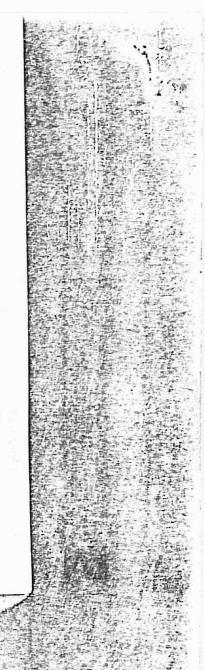
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no convincing evidence has been brought for ward that the combination of these drugs with ECT is therapeutically more effective than when they are given separately, their several days before ECT is instituted. Again I must urge that more caution he used in complicating ECT with any type of medication. This does not mean that succinylrealize that the question of its routine use choline should never he used, but we must has not yet been settled. As far as chlorproand reserpine are concerned, they should be discontinued, wherever possible, nazine

New York City. LOTHAR B. KALINOWSKY, M. D. simultaneous use should be avoided

sustained a fracture treated with succinylcholine chloride I agree with Dr. Kalinowsky that succinyl-choline chloride should not be used by every psychiatrist routinely or we shall have many ted mainly to coronary episodes and cardiac conditions. I am sure that with succinvlment that the question of its routine use has not yet been settled, I would like to give him my experience in the courtroom in the past previous man was treated without sucsubsedo not Bournedeath. more deaths. However, when a person skilled in anesthetic procedure assists, when oxygen I believe it is a very safe is certainly less traumatic 5 deaths choline chloride those deaths would not have with the 1% to 10% fractures reported [July with without premedication has been extremely rare and that practically all the deaths were in 70,000 treatments and none of these had curare or any relevant wondering whether death was due to atory failure without the correct use of or whether connection with Dr. Kalinowsky's state-He ther would like to comment electroshock succinylcholine approximately Kalinowsky reports that he had heard of deaths due to sucoccurred because the stress on the cardiovas-cular system would have been that much less from unpremedicated treatment were attribu reported as com giver April 3, 1953, when succinyl cinylcholine chloride in personal communica succiny With our 17,000 treatments with succiny choline chloride we have had no complaint back pain and no fractures reported as co as first being and Hospital and PSYCHIATRYwas are ions but he does not state the cause of THERAPY deaths had treated only about 3-4 patients The and made an uneventful recovery. in patients who had received curare. in our experience at that with treatments -Te oxygen under positive pressure E or any relaxant drug we have started using si le we have now had a o the cardiovascular system. vertebra. He first states that death with no Dr. troduced at Bournewood some of his statements. choline chloride treatment OF they were cardiac deaths. ide and am sure 17,000 treatments with medical complications. PRÉMEDICATION IN ELECTRIC CONVULSIVE when unpremedicated OURNAL and 7th dorsal s given routinely, cinylcholine chlori procedure and it to that time, a ő much interest, find this true espiratory conditions. AMERICAN weeks. quently chloride without the CORRESPONDENCE ared Since am L 40 uq tal Staff, M.D., *Chairman*, SIR: I have read Dr. Lothar B. Kalinow-sky's letter in the March 1956 issue of THE where month period there has been neither deaths in pre-THE AMERICAN JOURNAL OF PSYs of 34 eligible. tranquilizing rom this experience it has been concluded that there is no contraindication to continuing Psywith of In addition to chloropromazine, the larger per-centage of the staff add atropine grs. 1/150, sodium pentothal and succinylcholine chloride 0.25 mg. to 0.5 mg. q.i.d., combined CT and the above-mentioned drugs in dosages of 1.0 mg. q.i.d. was respiratory distress fol-owing ECT of concern. The reservine was and the patient completed his of our staff that there complications result-SIR: Following a discussion of Dr. Lothar with electroconvulsive mbers, all Board men or Board eligible. Ir research committee has made a survey the techniques employed by each doctor In practically every case chloropro-was combined with ECT in doses to their preshock routines. Five of the doc-tors have frequently used reserpine in dosients for electroconvulsive therapy. therapy, the staff of <u>Glenwood Hills Hos-</u> pital, Minneapolis, would like to report their administhe March issue, page ournal of Psychiatry, 745, of the Allicitcan Journation and cautioning the usage of chloropromazine and n this anuary varying from 25 mg. to 100 mg., q.i.d. Our neuropsychiatry staff consists of A total pital, Minneapolis, would like to report experience in using these medications ECT. OF with ECT and the above-mentioned without ill effects. In only one case reserpine was being administered in d these tranquilizing drugs course of ECT without complication. M.D. through March 31, 1956. A electroshock treatments were THE AMERICAN JOURNAL a 3-month period from J paring patients for electroconvulsi The Research Committee of Kalinowsky's letter, in the March combination of the doses with ECT SCHUT, M.D. BERNSTEIN, Hospital of is the consensus Glenwood Hills has been no increase combined W NHO IRVING drugs in usual OSEPII 20 from the nor fractures. members, all discontinued use of CHIATRY: reserpine Editor, CHIATRY of mazine Editor, during 1956, tered ages ÷ 50 E Our the of of 30



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instituted suit against the hospital and the private psychiatrist who treated him. This suit was defended in court and the case rested on the fact that succinylcholine chloride was not used on the first treatment. The plaintiff's attorney introduced articles on the use of succinylcholine chloride and, in spite of the fact that succinylcholine chloride was not in general use at that time and was just being introduced, a verdict of \$3,000 against the psychiatrist was returned by the jury. There was a directed verdict of no negligence against the hospital since the facilities were there and could have been used by the psy-

chiatrist if he so desired. Now the question we can all ask is: if on April 3, 1953, when succinylcholine chloride was first being introduced and very few were using it, one of us was found guilty of negligence in not using it, what will happen in 1956 if a man does not use succinylcholine chloride and a fracture is sustained?

> Dr. Kalinowsky also warns against the use of electric shock in patients on large doses of chlorpromazine and reserpine, and I have no objection to this even though at Bournewood we have treated these patients using atropine, pentothal-succinylcholine chloride routinely with no untoward effects.

I want to repeat that if succinylcholine chloride is used one should have experience with the method and should be skilled in the technique of maintaining a patent airway and oxygen under positive pressure. I agree with Dr. Kalinowsky that the routine use of succinylcholine chloride by unskilled persons will lead to fatalities, but the effort should be made to train men in the use of succinylcholine chloride and/or to use nurse-anesthetists skilled in the procedure so that the goal of routine use of succinylcholine chloride can be attained.

n be artamed. CHARLES SALTZMAN, M.D., Brookline, Mass

ADDITIONAL REMARKS ON Ē ELECTRIC THE DANGER OF PREMEDICATION CONVULSIVE THERAPY

Editor, The American Journal of Psychiatry:

give me that many hospitals apply EC cation with alter ing against this combination. I am now able to report on $\frac{2}{2}$ more fatalities which Bini, who introduced electric shock therapy, au-thorized me to mention here. Considering cation with the fact that in almost 20 years of experimen-tation with and routine use of ECT, the group at the Neuropsychiatric University VIospital in Rome lost only 1 patient, the 2 leaths within a short period of medication letter, should have been sufficient as a warnwithout accident. points therein. cation of the 2 treatments been proven superior to the subsequent applito discontinue a combination which has not with chlorpromazine were significant enough SIR: The comments on my previous letter a welcome opportunity to amplify the herein. To begin with the letter by chlorpromazine and reserpine dent. The deaths reported in my is known to me I during medi-

The problem of premedication with succinylcholine was added in my letter as evidence that any premedication adds to the risk of ECT. This did not mean a strict rejection of succinylcholine with which I am

> apist. 2 extremely competent therapists, Baumer and Baumgartl, who, as early as 1953, gave an excellent and then favorable report on we are trying to evaluate the uscfulness of small doses given without an anesthetist. Dr. Saltzmann, like most staunch advocates of the method, tries to explain accidents with and at the New selected thoroughly succinylcholine (Nervenarzt, 24: 66, 1953), and von Baeyer, foremost electroshock ther-apist. Baumer described his cases as cardiac poor technique. The personal communica-tions mentioned in my first letter came from choline with the assistance of an anesthetis deaths and rightly points out in his letter to me that respiratory arrest, even of long dura-tion, can always be controlled. I wish to clarify my position in this cases familiar. with York Psychiatric large doses I am treating many 24:66, of succiny Institut

I wish to clarify my position in this matter. I cannot see why cardiovascular disease should be a reason to use muscle relaxants. The entire experience with ECT in patients with cardiac disease has shown that electrically induced convulsions do not increase cardiac decompensation any more than convulsions in epileptics. Recently I saw a threatening reaction with pentothal-anectine

ening Ħ not influence our medical judgment. similar one, mentioned by significance, and court decisions like the one bones. bleeding ulcers and post-operative conditions, tion for muscle relaxants, our conscience and be sure that no legal conof the greater had made the backache the prevention of hemorrhages Those where Dr. of risk the Saltzmann, as well as a for in ω spine have no clinical fractures of the long fusion operation (1) subdural hematoma, life permanent, aside from threatwe must search In view should

ATARACTICS IN P

Editor, CHIATRY : THE AMERICAN JOURNAL OF Psy-

the 1946; drugs call for a little more clarification on Gahagan's SIR: It seems to us that Drs. Dean's subject. Þ 850, interesting article Apr. 1956) about ataractic (p. 661, Feb. and

are also ataractic or neuroplegic drugs, as they are exactly more neurotics chiatrist We would like to point out that the psyfound in mental called, where the in private are than reported. greatest successes with practice psychotics. hospitals and that is usually The treats latter

also drugs like Ampl.etamine, shock or, in some cases, with antidepressant tic depressive states unless accompanied by anxmazine and reserpine should not be given in avoid serious electrocoma therapy drugs should be discontinued 1-2 days before iety and agitation and, in this case, the atarac-By now, it is well established that chlorprodrugs should be should be combined with electrocomplications. remembered IS given, in order Meratran, that ataractiv etc. t

We would like to cite 2 of our recen