respectively. Creatinine clearance, determined in both patients on the day following the appearance of the adverse reaction, was normal.

Comment.—The transient bilateral perceptive deafness developing in these patients within a few hours following intravenous erythromycin administration represents, to our knowledge, a hitherto undescribed adverse (possibly toxic) reaction to this drug. It should be mentioned that the batch of erythromycin lactobionate used in these two patients was not outdated. The possibility that erythromycin, intravenously administered in high dose, may cause deafness should be kept in mind.

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Sane: Insane
The Patient as Judge

To the Editor.—Ever since the appearance of your EDITORIAL "Sane: Insane" (223:1272, 1973), I have followed with interest the responding letters. Rosenhan's findings certainly convey a multitude of messages, but one has been overlooked so far: his observation that "a number of patients on the admission wards readily recognized that the pseudopatients were sane." This is an important message in view of the accompanying evidence that the task of diagnosing sanity or insanity with any degree of accuracy is seemingly very tricky.

Since psychiatric disorders are impossible to lay bare by means of blood studies or roentgenograms, why shouldn't we use an obvious and available resource—the fellow patient—as a diagnostic aid?

As a registered nurse, I sat in on many of those sessions where a patient considered for discharge is brought into a conference room full of psychiatrists and nurses who ask him certain strategic questions calculated to reveal his preparedness or unpreparedness to leave the hospital. Not only did that practice always seem a bit reminiscent of our old Salem past—and a rather overwhelming confrontation for anyone—it now appears that the results may not even be all that rewarding. That's not to say such sessions should be discontinued. But why not give fellow patients a say? There might, for instance, be a separate conference during which patients can discuss their views of each other's progress or readiness to leave the institution. True, there will be some who are so overpowered by their own concerns or so out of touch with reality that they will be unable to contribute, but it might just pay to listen to those who can, and then filter out what might amount to some relevant observations.

Instead of just asking how patients feel about themselves, why not begin asking them how they feel about each other? Sure, theirs will not be the soundest of judgments upon which to base anyone's fate, but neither, it seems, are those of professionals. Or is it insane to suggest that we permit the old "it takes one to know one" principle to work by pooling these two resources?

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LSD, Alcohol, and Homicide

To the Editor.—It has now come to my attention in two dramatic cases, both involving homicide, that alcohol ingestion following a series of LSD "trips" may have a stimulating effect on the "flashback" phenomena. In both cases, the individuals had had a number of experiences with LSD, with rarely an unfavorable reaction. Several months after the discontinuance of the LSD ingestion, but with increased alcohol intake, hallucinatory experiences of the "flashback" variety continued. In both instances the alcohol precipitated a psychotic reaction with hallucinations and delusions directly related to the violent behavior and consequent homicide.

In one case I introduced alcohol in a controlled test dose. I administered 95% ethyl alcohol mixed in a 3:1 solution with fruit juice. After 63 ml of the alcohol was ingested, the patient noted visual distortions characteristic of LSD intake, but not characteristic of alcohol intoxication. After 125 ml of alcohol was ingested, the patient became psychotic, violent, and uncontrollable. He had a subsequent amnesia for this period of time, which was controlled ultimately by chlorpromazine (Thorazine) injection.

In the second case, the individual had discontinued LSD usage after a frightening experience under its effects. He drank more heavily and noted increasing visual and auditory hallucinations. One day at work, in a paranoid deluded state, he killed his co-worker by repeated knife stabbings.

It was my impression that in both cases alcohol served as a stimulating effect of the psychotic condition often referred to as flashback following LSD ingestion. I have not seen this type of acute psychotic reaction with alcohol alone in individuals who have not had LSD previously. I am aware of the phenomenon known as acute alcoholic psychosis, but these two experiences appeared to be different, since both individuals had not had similar experiences with alcohol prior to their intake of LSD.

I submit this experience to alert physicians to the dangers of LSD and especially to the combination of alcohol and LSD.

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Smallpox Vaccination Following Childhood Postvaccinal Encephalitis

To the Editor.—In answering a question of Dr. R. W. Thaler of Boston, Dr. Goldstein of Atlanta stated that "there are no data available on the risks of revaccination in individuals who have recovered from postvaccinal encephalitis (224:139, 1973). Some data have been published by F. Puntigam and J. Daimer (*Osterr Z Kinderheilk Kinderfürsorge* 4:6, 1950) on 15 patients who recovered from postvaccinal encephalitis and, being revaccinated in the Austrian Army between 7 to 15 years following the malady, did not show untoward reactions. We have vaccinated at least ten travelers with previous postvaccinal encephalitis going abroad, after an interval of 4 and 12 years following the disease. In these cases a preimmunization with killed smallpox vaccine was performed eight days before. Unusual reactions were not recorded.

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Implications of Increasing Disparity Between the Mortality of the Sexes

To the Editor.—Recent news releases by the US Census Bureau inform us that in the United States women of age 65 outnumber men by more than 3 million; this gap is expected to become larger.[1] The increasing lon-