2483.

Lancet 1974/I, p.92.

REACTIONS TO LYSERGIDE

SIR,—The comments by Dr Forrest and Dr Tarala (Dec. 8, p. 1310) on the superiority of chlorpromazine over diazepam in the treatment of reactions to L.S.D. might be modified by two considerations. The first is that the initial 10 mg. dose of diazepam is rather low. When this drug is given in doses of 20–40 mg. initially, which is generally quite safe, the failure-rate drops.

The second, and more important, is that when one does not know the exact contents of the capsules ingested by the patient, diazepam is the drug of choice. The street pedlars of "L.S.D." are not ethical people, and, in Canada at least, what was sold as "L.S.D." often turned out to be something else, such as dimethoxy-methyl-amphetamine (D.O.M., S.T.P.) a psychoactive compound with marked anticholinergic properties. The addition of chlorpromazine in this event may prolong the psychosis or even cause a fatality.

Therefore, while chlorpromazine remains the drug of choice in the termination of an adverse L.S.D. reaction when the drug ingested is known for certain, diazepam would appear to be the superior drug in the emergency-room situation. Also, the anticonvulsant activity of diazepam is useful, since patients treated with known amounts of properly manufactured lysergide not rarely have convulsions.

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