Correspondence

14th December 1976

Professor A A Sandosham
Editor
The Medical Journal of Malaysia
M.M.A. House
124, Jalan Pahang
Kuala Lumpur

Dear Sir,

I read with interest the paper by Dr S K Teoh on "Tapeworm infestation in Perlis" which appeared in the Medical Journal of Malaya, 31, 57-58 of Sept. 1976. It is now almost universally accepted that the drug of choice for most tapeworm infections, particularly the Taenias, is Niclosamide (Davis, A. 1973 "Drug treatment in Intestinal Helminths" WHO Publication). I find no mention of this drug in Dr Teoh's paper and also find, on inqui y f om the agents, that this ve y effective drug has not found its way into this country. If there is a Formulary Committee that decides on and regulates the import of drugs into Malaysia, I would like to draw their attention and the Medical profession to the fact that niclosamide, in my experience, is the best drug we have at the moment against tapeworms. It kills the scolex and proximal segments on contact and the scolex releases its hold on the mucosa of the small intestine, and the worm is evacuated.

Yours faithfully

Professor A S Dissanaike
Head
Department of Parasitology
Faculty of Medicine

The Editor,

Sir,

Nikethamide Usage in Resuscitation

For many years it was common clinical practice to administer nikethamide as a final therapeutic gesture in patients dying of cardio-respiratory failure[1]. This followed its much publicised action as a respiratory and cardiac stimulant.[2-5] Now that such indiscriminate use has been discredited[1,6-9] we wondered to what extent it was still being used in resuscitation. For this purpose, the following study was carried out to determine the extent this drug continues to be used in resuscitation.

We reviewed 100 consecutive deaths in children below 7 years of age occurring from 1st July, 1974 to 17th October 1975 in the General Hospital Malacca, Malaysia. The case records were examined for the following information:-

(1) Whether nikethamide or any other analeptic had been used as a resuscitative measure and if so, the dose and the method of administration.

(2) The cause of death;

(3) The order in which the following resuscitative measures were written in the doctors' case record: clearing of airway, oxygen administration, ventilation, cardiac massage, administration of sodium bicarbonate, adrenaline, calcium gluconate, other drugs and finally of analeptics. This information was used to determine the importance given by individual doctors to the use of analeptics in resuscitation. It is probable the order in which the measures are listed in the case record generally reflects the order in which the measures were ordered and carried out.

The study showed that in 74 of the 100 cases reviewed, an analeptic (nikethamide in all cases) was used as a resuscitative measure. In none of these cases was there any evidence of respiratory depression due to drugs or anaesthesia.

The dose varied from 62.5 mg ($\frac{1}{4}$ ml) to 500 mg (2 ml). This was equivalent to 25 mg/kg to 50 mg/kg. It was given by intramuscular injection in 78% and by the intravenous route in 22% of the children. Of the 74 children who had received nikethamide, only 44 case records (doctor's) show the order in which the resuscitative measures had been carried out. In 18 of these, nikethamide was apparently used as the first measure, in 12 as the second measure, in 10 as the third measure and in the rest as the fourth measure.

Analeptic Received	
as 1st measure	18
2nd measure	12
3rd measure	10
4th measure	4
order not mentioned	30
Total	74
Analeptic not received	26
Total cases reviewed	100

Until the mid-sixties there was a great demand for analeptics. Many new ones were tried and advocated for use in resuscitation of the new born[3] in acute respiratory failure,[3,5] in respiratory insufficiency[2] and for cardio-respiratory arrest.[3-5] However in the last decade, progress in the field of resuscitation has pushed the use of analeptics into the background. The consensus of present day opinion is that analeptics have no place in resuscitation. (Behrman[6] and Daniel et al[9]) The serious side effects of analeptics are convulsions, hypotension and CNS depression. Further the margin between the therapeutic and toxic doses is small and as Guilo et al[10] stated, convulsions and other undesirable side effects are frequent even at the recommended therapeutic level.

We wonder to what extent analeptics are being used for resuscitation in other Hospitals.

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