STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
SANDSTONE STATE HOSPITAL
SANDSTONE

May 22, 1957

E. J. Engberg, M.D.
Superintendent
Minnesota School and Colony
Faribault, Minnesota

Attention: Clinical Director

Dear Dr. Engberg:

An attempt is being made at this hospital to evaluate agranulocytosis in chlorpromazine (Thorazine) treated patients. This study will include information from which it is hoped some relatively valid opinions can be formed as to incidence, practical prophylaxis, treatment, etc. We would like to utilize the experience of the entire Minnesota State Hospital system for this purpose.

For this reason we would appreciate a summary of your cases of this complication as well as certain other information and opinion concerning your usage of Thorazine.

Since considerable difference of observation and disparity of opinion r this subject is constantly popping up here and there in the literature, we believe this study will be capable of clarifying much of this confusion and making a significant contribution to our knowledge of the subject.

The following data contains what we feel necessary to conduct our study. Please include professional opinions and suggestions. If any specific data requested is not available, your closest estimation is very acceptabl .

1. Your number of cases of Thorazine produced agranulocytosis.
    a. Age, sex and mental diagnosis of patient.
    b. Pertinent laboratory and clinical date.
       Under this should be included how diagnosis was suspect d and made. Also any symptoms or observations of patient prior to onset, even though relevancy is doubtful.
    c. Clinical course of the illness including duration, treatment in reasonable detail, and outcome.
    d. Length of time patient received Thorazine and when discontinued as regards date diagnosis suspected.
    e. Concomitant or previous occurrence of other side effects of toxic complications of Thorazine.

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f. Estimate as to improvement (plus or minus) in patient's mental condition while receiving the Thorazine.
g. Dosage of Thorazine prescribed and any changes in this dosage.

2. Thorazine administration in general.
   a. Total number treated at your hospital with this drug. If possible, divide this total into two groups - (1) those who received it for less than 6 weeks, and (2) others. Any further breakdown of these two categories into groups whose dosage was interrupted is also desirable if such figures are available.
   b. Your hospital routine policy as regards prophylaxis of agranulocytosis - routine blood counts with frequency, temperature checks, observation, etc. Your opinion of relative value of such measures.

In conclusion, we would like to stress our desire that you include your professional personal impressions, opinions and also seemingly minor or ven irrelevant observations concerning cases included in your reports. Your cooperation and work in assembling this information will be most appreciated. Any conclusions drawn from the study will be returned to you in appropriate form.

Yours truly,

Kenneth W. Douglas, M.D.
Superintendent

By: Wm I Davis
William I. Davis, M.D.

WID:dl

June 3, 1957

K.W. Douglas, M.D.
Superintendent
Sandstone State Hospital
Sandstone, Minnesota

Attention: W.I. Davis, M.D.

Dear Dr. Douglas:

We are indeed glad to cooperate with you in your Thorazine studies and contribute and information and opinions that we have. Because of economy and ease of administration of the smaller tablet our experience has been chiefly with reserpine with some 10% of our 3300 population receiving the drug usually in minimal dosages. Where anxiety, mainly hyperactivity and combativeness, is not reduced, our patients are then placed on Thorazine which seems more consistently effective in acute agitation and acute schizophrenic reactions.

Specific date:

1. We have had no cases of Thorazine-produced agranulocytosis since tranquilizing drugs were first used in October 1954.

2.

   a. Fifty five patients have received Thorazine of whom 32 are still receiving it. Most of the 23 patients who are no longer on the drug were given it (frequently in I.M. form with sod. amytal I.M.) because of acute periods of excitement, none of which exceeded 10 days.

      Two patients of this latter group failed to respond to Thorazine or combinations with it: one, a lip mutilator, finally responded to reserpine I.M.; the other, a choreic, responded to a reserpine-barb. combination.

   b. Our prophylaxis routine has been purely clinical, making daily observations for symptoms with very occasional blood counts of mild suspects.

Yours truly,

E.J. Engberg, M.D.
Superintendent

By: Thorsten Smith, M.D.
Clinical Director