

March 9, 1964

Dr. Burtrum Schiele
Department of Psychiatry and Neurology
University of Minnesota Medical School
Minneapolis, Minnesota 55455

Dear Burt:

I thought I would bring you up to date on some of the work we have done on the phenothiazine side effects problem and the action taken by the Mental Health Medical Policy Committee at the March 5, 1964, meeting. We do not have very much on this actually, but I think enough to suggest that we should look into this somewhat more deeply. At the Policy Committee's suggestion, I am proposing a procedure somewhat as follows.

1. At the hospital level (and this includes the hospitals for the mentally retarded) each patient on phenothiazines will be checked by the ward physician for the skin discoloration. I think this could be done very simply. The wards will have a record of all patients on phenothiazines. In view of the visibility of the symptom, I think it would be a simple matter for the hospital to compile on the basis of medical observation the fact whether the discoloration is or is not observed.

Along with this, the hospital could note the presence of this discoloration in other patients who are not on phenothiazines so that these could be checked as a control.

You could help us immeasurably by drawing up a list of the particular phenothiazines that you associate with this abnormality, using the familiar trade name. This could then be distributed to the individual wards of the various hospitals, which would make it quite easy for the nursing staff to get a roster of the patients who are on the particular drugs you specify.

This inspection for the skin discoloration by the hospital physicians would be limited to just that. As to the eye changes, I think it would be beyond our manpower resources to pursue this, and I will discuss the eye problem in a moment.

2. Once the list of all discoloration cases is compiled, we would then submit to you, and you could follow up on these cases as you would see fit, by coming out to examine them or sending members of your staff to look at these particular cases.
3. Any follow-up as to eye pathology I should hope could be done by the University, either by your staff or by bringing along a consultant ophthalmologist or whatever might be appropriate.

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The point is that it would be extremely difficult for our sorely beset medical staffs to do an adequate check on the skin discoloration patients and possibly others as regards early lens or corneal changes. I can well imagine that an adequate survey of these effects could become quite complicated and require slit lamp and other specialized techniques.

4. If necessary, we could arrange for certain patients to be taken into the University Hospital for further study at no expense to the state hospital or our department, or the individual patient. In other words, the University Hospital would bear the cost of such hospitalization. There would also have to be the usual clearance as to consent, etc.

I am sending copies of the three reports which we have, and you might want to begin by looking at the particular patients. Hastings State Hospital has apparently observed some of these, although they do not list them by name in their report, and you may want to start there. I am having a copy of this letter sent to the medical directors of all of our institutions, and will bring it up at the next Superintendents' meeting so that they will be informed of the general approach we are using here.

I hope this is satisfactory. It seems that this could develop into a very interesting and potentially valuable project. I will be interested in hearing from you.

Best wishes.

Yours sincerely,

David J. Vail, M.D.
Medical Director

DJV: rcj
Enclosures

cc - Medical Directors and Superintendents, All Institutions