AUTHORS REPLY

Sir,
The comments are very interesting and require clarification. It is true that the quality of tablets (fresh or exposed) may influence the toxicity of aluminum phosphide. In our retrospective study, we unfortunately could not specify this information with regard to all patients.\[1\] Moreover, people who attempt suicide buy tablets usually from the traditional drugstore, and we ignore the storage conditions of the toxic drugs at the drugstore. Regarding the dosage used for magnesium sulphate, it was prescribed as a bolus of 1 g followed by 1 g/h for 3 hours and then 1 g/6 h. Magnesium sulfate was used in only 9 patients (5 in the group of survivors and 4 in the group that died). No differences were observed between the group with magnesium sulfate and the group without in terms of severity (Apache 2: 5 ± 5 vs. 6 ± 6), shock (33.3% vs. 44.7%), use of mechanical ventilation (22.2% vs. 45%) and mortality (50% vs. 44.4%). Indeed, magnesium sulfate has always been associated with vasoactive drugs (100% vs. 45%, \( P=0.002 \)). Regarding the ECG changes, even if the postmortem biopsy revealed myocardial necrosis in one patient, we fully agree with the fact that severe myocarditis can mimic myocardial ischemia. In our series, the term myocardial ischemia has been used to describe the observed electrical changes. Finally, concerning the alteration of consciousness, it was noted in 8 patients; 7 of them died. The Glasgow coma scale (GCS) was 8 in 2 patients, 11 in 2 patients, 13 in 2 patients and 14 in 2 patients. The cause of the alteration of consciousness is not clear. We believe it was largely due to the shock in 6 patients although
the multivariate analysis showed that the shock and altered consciousness were independent factors. For 2 other patients without shock, the cause of the altered consciousness (GCS of survivor = 14 and non survivor = 13) was not clear. This may suggest that other mechanisms must be analyzed.

M. LOURIZ, T. DENDANE, K. ABIDI, N. MADANI, R. ABOUQAL, A. A. ZEGGWAGH
Medical ICU, Ibn Sina Hospital, Rabat, Morocco

Correspondence:
Prof. A. A. Zeggwagh
Service de Réanimation Médicale et de Toxicologie Clinique, Hôpital Ibn Sina, Rabat – Morocco
E-mail: aazeggwagh@invivo.edu

REFERENCES


ETHICS OF PLACEBO USE

Sir,
Shah et al., have done well to evaluate the status of use of placebo in an Indian city. [1] The study raises important ethical concerns, especially regarding use of placebo in unsuspecting patients. That only 3.3% of the study population believed that placebo should never be used is of utmost concern. Obviously this practice needs to be countered. Placebo has been shown to be of benefit in certain circumstances. While patients with nonspecific complaints or anxious patients may need some kind of therapy to alleviate anxiety, in an ideal situation the treating physician must explain to the patient the rationale behind the therapy. Occasionally, use of placebo might be a defense for inability to make a correct diagnosis. The higher rate of use of placebo by residents raises concerns regarding their training and whether they are being appropriately supervised by the teachers. To conclude, placebo use though common is not entirely ethical and its use must be limited to research situations where the study protocol has been explained to the participants.

RASHMI SHARMA
Intern
BJS Dental College, Ludhiana, Punjab, India
Correspondence:
Dr. Rashmi Sharma
19, Gobind Nagar, Subhash Road, Chheharta, Amritsar, India.
E-mail: docrashsharma@gmail.com

REFERENCE


DOI: 10.4103/0019-5359.59993
PMID: ****