

# Correspondence

## Compression sclerotherapy of varicose veins

Sir,

I was interested to read the article by Dr Eric Townsend (*Journal of the Royal College of General Practitioners*, 1970, 20, 137). This is the first understandable article that I have encountered on the subject and although I do not use his exact technique myself, there is no doubt that emptying the vein before injecting the sclerosing agent considerably enhances the consequent sclerosis. I have, however, grave doubts as to whether it is possible to sclerose a communicating vein by this method.

There is one point upon which I feel he needs correction and that is the anatomy as shown in his drawing. One of the most important superficial veins below the knee is the posterior communicating vein which runs up *behind* the saphenous vein and not in front, as shown in his diagram. This vein lies between the posteromedial border of the tibia and the Achilles tendon and runs up in this position over gastrocnemius to join the long saphenous vein below the knee. Into this vein drain nearly all the perforating veins which pass between the deep veins of the calf and the long saphenous system below the knee and unless this vein is adequately dealt with, treatment is bound to be disappointing. It is for this reason that stripping the long saphenous vein so frequently misses the communicating veins. This posterior communicating vein has been well described by Cockett, Last and many others and is presumably the one referred to in item 5 (c) quoting Fegan when he says "a varicose ulcer above the medial malleolus is almost diagnostic of incompetence of a lower posterior tibial perforating vein".

Newport, I.o.W.

P. D. HOOPER.

## Obstetrical chart

Sir,

I was very interested in the obstetrical chart of Dr Seiler's (*Journal of the Royal College of General Practitioners*, 1970, 20, 59) as I use a similar one myself. However, I measure the height of the fundus above the symphysis, using a pair of calipers such as used to be used for measuring external pelvic diameters. This gives an objective measurement, and is therefore of use in detecting such conditions as hydramnios in subsequent pregnancies.

I also save two lines by representing presentation and position by a line diagram. Thus *d* represents

Vx LOA. The letter P is needed to indicate posterior.

Milton, New Zealand.

J. N. MEIN.

## Fluphenazine

Sir,

A new drug is being widely used in the treatment of mental illness. It is long-acting and used by injection—its name is fluphenazine (Moditen). Is this the thalidomide of the '70's? I would like to have the opinion of other doctors.

Whilst it is still new maybe we are lulled into a false sense of security but are we justified in using a drug, which may take up to six weeks to eradicate from the tissues, without being sure of its safety?

Its side effects alone are legion. A study of 13 papers gives the following:

Common side effects reported are: lethargy, drowsiness, dizziness, muscular inco-ordination, paraesthesia, hypotension, blurring of vision, dryness of mouth, malaise, feelings of tension, confusion, nausea, vomiting and aches and pains.

Parkinsonism is extremely common. Incidence in reports varies from 100 per cent to 24 per cent with many reports around 50 per cent.

Depression is quite common and tends to be severe—five suicides reported and two suicide attempts.

Other reported side effects include psychotic relapse and glaucoma.

Devonport.

DOROTHY WEST.

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