Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Early Exposure to Medical Practice

To the Editor:

A relatively new medical program has come into existence at the Ventura County General Hospital in Ventura, California.

Dr. Harvey M. Harris, originator and director, developed a five-week Health Professions Student Scholarship Program (HPSSP) for high school seniors and college freshmen showing interest in medical or paramedical occupations.

The HPSSP enabled 15 students to be chosen from both public and private schools with the County of Ventura. I was fortunate in being selected as one of the 15 student scholars. For the duration of five summer weeks, we entered into the world of medicine and were encouraged to explore, observe, and inquire into all phases of medical activity. We encountered life and death and all the dimensions connecting the two. Throughout the Program, each student was assigned to alternate departments to observe surgery, obstetrics, emergency cases, autopsies and, of course, the less dramatic events, although of equal importance, that occur daily throughout the hospital. Through participation in this Program, we have a far greater understanding of what medicine is really like and whether or not the field of medicine is what we truly desire. It is the most valuable and informative five-week investment a student could make.

Each physician may well recall the time when he stood on the threshold of college and therefore can evaluate instantly the enormous asset this type of program could have provided him. A brief example: probably all medical sources will stress the importance of upcoming physicians being expected to maintain good physical condition. A student of books only cannot possibly realize the full meaning of such a statement, for he has not had the opportunity to accompany a physician during a typical work day. He has no real way of knowing the extremely long hours and arduous work required of the physician until he has stood beside him hour after hour.

As in most professions a medical student must, out of necessity, choose his career blindly. The student who says, "I want to be a doctor," usually has only booklets and counselors to accommodate his inquiries. While such sources are indeed helpful, only fragments of

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knowledge can be obtained from them. The ultimate opportunity is to work at his chosen field: to be there, to see, to experience for oneself the reality of medicine.

At 17 years of age, I was privileged to witness that which is otherwise unavailable to students until the third year of medical school. There is no way to measure the knowledge received from having participated in this Program. I have gained such insight pertaining to the field of medicine that I feel absolutely confident in making a decision. And for me, that decision is to become a physician.

It is my sincere hope that physicians throughout the United States will recognize this Program for the valuable concept it is, and perhaps apply a similar one to other areas. Future physicians will be indebted to you for years to come, as I am indebted to Dr. Harris and the staff at General Hospital, Ventura, California.

Perry Santos
Senior, Ventura High
Ventura, California

Teratogenic Effects of Drugs During Pregnancy

To the Editor:

I was surprised to find the statement that "teratogenic effects have not been reported with diazepam" in your recent article entitled "Drug Risks in Pregnancy Revisited" *(J Fam Pract 4:1043, 1977)*. I believe it to be fairly common knowledge among clinicians that there have been numerous reports linking the use of Valium during the first trimester of pregnancy to increased incidents of cleft palate. Safra MJ and Oakley GP have published an article entitled "Valium, An Oral Cleft Teratogen?" *(Cleft Palate Journal 13:198, 1976)* which reviews several of the reports of this association. These reports date back at least as far as the September 13, 1975 article in *Lancet* (2:478) entitled "Association Between Cleft Lip With or Without Cleft Palate and Prenatal Exposure to Diazepam" by Safra, Oakley, et al. While further tests may be required to conclusively prove that the use of diazepam during the first trimester of pregnancy does cause an increased incidence of cleft lip or cleft palate, it would not seem wise to ignore the possibility completely as was done in your article.

Phillip R. Canfield, MD
Marshfield, Wisconsin

The preceding letter was referred to Dr. Guillozet who responds as follows:

Dr. Canfield is correct. Several articles have associated diazepam (Valium) (and other benzodiazepine tranquilizers including chlordiazepoxide [Librium] and oxazepam) with oral cleft defects in the newborn. The incidence rate reported is so low, however, that at this time chance could explain it. A virtual doubling of Valium prescriptions between 1970 and 1974 was not accompanied by an apparent increase in the incidence in lip or palatal clefts.

Updating is needed for three other drugs. Hydroxyzine hydrochloride (Atarax, Vistaril) has been thought free of neonatal withdrawal and teratogenic effects. Prolonged jitteriness and hyperirritability in the newborn have been reported when 600 mg of hy-

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droxyzine was taken throughout pregnancy. Unfortunately, the mother had received 60 mg of phenobarbital daily long term, sufficient in itself to have evoked withdrawal symptoms in the neonate.

Male genital deformities as presenting signs of teratogenic effect have been associated recently with two drugs of known risk to the fetus. Diethylstilbestrol, notorious for its later association with vaginal adenocarcinoma, apparently affects the male urogenital tract as well. Genital defects, including hypospadias, have been described with the other and better known features of hydantoin embryopathy involving facies and digits.

Teratology dramatically bridges the clinical and research aspects of medicine; rapid interaction between practitioners and researchers serves the patient best in helping to eliminate or reduce this form of therapeutic risk.

Thank you for the opportunity of commenting on Dr. Canfield's thoughtful letter.

Noel Guillozet, MD
King City, California

References

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