Letters

Aiding Vietnam

The case for increased cooperation between American and Vietnamese scientists is ably stated in the letter by E. Cooperman and J. H. LeVan in the 10 August issue of *Science* (p. 540). Several of its assumptions should be treated with some caution, however.

In particular, the authors state that the people of the northern and southern parts of Vietnam "have nearly identical diets," thereby presumably ruling out diet as a factor in the supposedly anomalous increase in liver cancer in the south since 1962. During the 7 years I lived in Vietnam as a news correspondent, I became aware that the diets in the north and the south are far from identical. Apart from the large differences in food preparation that stem from cultural differences between the two regions, high-quality protein has always been much more plentiful in the south because of the great extent and fertility of the Mekong River Delta. There are even differences in such staples as rice; the amino acid balance of the protein in northern "sticky" varieties is quite different from the balance of those in the south.

Natural differences between the diets of the two regions were strongly enhanced from 1962 on by the massive influx of American food into southern Vietnam, as a result of Public Law 480 and because of the legal and black markets. If nothing else, this influx may have increased the consumption of nitrosamines by southern Vietnamese.

I think scientists can agree that epidemiological and other studies of dioxin would be useful in Vietnam. At the same time, assertions by Vietnamese scientists should be subject to the same rigorous evaluation as those of any other scientists. Unfortunately, science in some parts of the world is clouded by the official manipulation of propaganda, and dioxin has become a propaganda word as well as a chemical species. Furthermore, I can attest from recent visits to Hanoi and Ho Chi Minh City that Vietnam is currently a nation as closely controlled as the Soviet Union; and it is one in which information, scientific included, is subordinated to political purpose. One hopes that future Vietnamese-American scientific relations can be kept wholly untainted by political polemics, but this will be difficult to achieve.

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The sentiments expressed by Cooperman and LeVan in favor of scientific cooperation with Vietnam would be persuasive were it not for one overwhelming omission. Namely the massive human rights violations by the Vietnamese government, particularly in its exploitation and expulsion of the "boat people," many of whom are ethnic Chinese. Those who favor "friendship, mutual respect, and trust" would do well to question the present policies of the Vietnamese government before committing themselves to its aid.

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Flurazepam and Insomnia

We congratulate *Science* for eliciting an extraordinary discussion of the long-neglected problems of insomnia and its therapy. We wish to comment on an issue raised by Bruce Medd of Roche Laboratories (Letters, 6 July, p. 6) about the Institute of Medicine (IOM) study *Sleeping Pills, Insomnia, and Medical Practice* (News and Comment, 20 Apr., p. 287). While acknowledging that the accumulation of the long-acting metabolite of the hypnotic flurazepam (Dalmane) may result in adverse effects on daytime coordination of normal subjects, Medd states that such daytime impairment "has not been proved" in insomniac patients. In reply, R. Jeffrey Smith (Letters, 6 July, p. 7) notes a study (*1*) cited in the IOM report (*2*), in which anxious, insomniac patients from a British general practice are reported to have had increased hangover and showed impaired performance on two psychomotor tests (tapping speed and pursuit rotor test) after 1 week on flurazepam (30 milligrams) as compared with a placebo. Furthermore, in a newly published study (*3*) of middle-aged "poor sleepers," Oswald reports persistently and *cumulatively* decreased mental concentration and performance on a variety of daytime tests (manual dexterity, alertness), as well as a disturbingly high incidence of "crises" (automobile accidents, depression and homicidal threats, uncharacteristic weeping and quarreling) during 3-week, double-blind, placebo-controlled trials of flurazepam (30 milligrams). The patients themselves recognized the diminution in their psychomotor skills during the first week but *not* in the third—when their test performance was objectively worse. In addition, Church and Johnson recently reported (*4*) that young adult "poor sleepers" showed a persistent and *cumulative* daytime impairment in reaction time during a 10-day, double-blind, placebo-controlled trial on flurazepam (30 milligrams).

Medd cites two studies (*5*) reporting that side effects of flurazepam are most likely to occur during the first few days of treatment, but these results were obtained in short-term settings. In residential homes for the elderly, where patients are often treated with hypnotics for weeks or months on a regular basis, Marttila and associates (*6*) also observed a cluster of adverse reactions to flurazepam during the first week of treatment; but 78 percent of all such problems appeared during the subsequent 12 or more weeks of continuous treatment, which was considered consistent with the gradual accumulation of the long-acting psychoactive metabolite.

Several other studies—cited in the IOM report or published after the report's release—document daytime adverse effects of flurazepam (and some other hypnotics) in normal volunteers (*7*). While it sounds superficially reasonable to recommend hypnotics only for insomniac patients and not for normal individuals, it should be emphasized that "insomnia" is a subjective complaint that may be associated with little, or even no, objective disturbance of sleep. In clinical practice, insomnia is caused by many different factors with wide differences in duration and severity. It is likely that hypnotics are prescribed to many persons who are, therefore, essentially "normal."

The controversies about the relative risks and benefits of hypnotics in medical practice will not be resolved until there is