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Drugs

HEXOBARBITAL METABOLISM Slices of rat hepatoma failed to metabolize hexobarbital (Evipal) *in vitro*; slices of non-tumorous liver from host rats metabolized it at a lower rate than liver slices from normal animals. A corresponding *in vivo* difference was a prolonged hexobarbital sleeping time in tumor-bearing rats. The prolongation began only when the hepatoma became large enough to show areas of necrosis or ulceration. Surgical removal of the tumor restored sleeping time to normal. Since the tumor was implanted subcutaneously and did not invade the liver, it was suggested that a diffusible product of the tumor was responsible for the impairment of hexobarbital metabolism in the host liver. (Hickie, R. A., and Kalant, H.: *Modification of Hexobarbital Metabolism by Morris Hepatoma, Canad. J. Physiol.* 45: 975 (Nov.) 1967.)

MEPROBAMATE OVERDOSAGE Meprobamate intoxication is encountered frequently but is seldom a treatment problem. The relatively short duration of coma and the low mortality result from rapid endogenous metabolism of the drug. In most cases only supportive therapy is needed. However, when intoxication is severe or is complicated by intercurrent illness or other drugs, treatment with forced diuresis or hemodialysis should be considered. In the authors' experience, the best criteria of profound intoxication were the clinical state of the patient and a plasma meprobamate concentration approaching 20 mg./100 ml. (Maddock, R. K., Jr., and Bloomer, H. A.: *Meprobamate Overdosage: Evaluation of Its Severity and Methods of Treatment, J.A.M.A.* 201: 999 (Sept.) 1967.)