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Drugs

MOUNTAIN SICKNESS The effect of acetazolamide on acute mountain sickness was tested in a double-blind study in 43 volunteers. The subjects were given acetazolamide, 250 mg, or a placebo every eight hours for 32 hours before and 40 hours after abrupt transportation from sea level to 12,200 feet. In response to hypoxia, subjects given the placebo hyperventilated, and within eight hours after arrival at altitude they had developed mild respiratory alkalosis. These changes persisted over the five days of the study. In the acetazolamide group, alkalosis was prevented, although ventilation and alveolar oxygen tension were greater, and carbon dioxide tension and bicarbonate were less, than in the placebo group. Significant reductions in frequency and severity of the most prominent symptoms of acute mountain sickness—headache, insomnia and gastrointestinal symptoms—were observed in treated subjects. In placebo subjects, occurrence and severity of symptoms correlated well with carbon dioxide tension and poorly with *pH* or oxygen tension. The mechanism of the acetazolamide effect was not identified. (*Forwand, S. A., and others: Effects of Actazolamide on Acute Mountain Sickness, New Eng. J. Med. 279: 839 (Oct.) 1968.*)

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