

References

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 Drugs

BARBITURATE INTOXICATION Deep coma resulting from barbiturate overdosage was studied in 50 patients. The length of coma correlated with depth of coma and serum barbiturate levels except in those patients who were drug addicts and had hepatic or renal disease. The complications of pneumonia, bleeding of the gastrointestinal tract, urinary-tract infections, and thrombophlebitis were common; however, all patients survived. Treatment was instituted on a rotation basis with supportive care alone, mannitol diuresis, or peritoneal dialysis. Using length of coma, the slope of disappearance of serum barbiturate, and clearance data as indicators of the effectiveness of treatment, the three treatment forms did not differ. Supportive care alone was associated with less local and systemic morbidity and appeared to be the best method of reducing morbidity and mortality in patients after barbiturate overdosage. (*Hadden, J., and others: Acute Barbiturate Intoxication; Concepts of Management, J.A.M.A. 209: 893 (Aug.) 1969.*)

PROPRANOLOL IN THYROID STORM Although proper preoperative preparation of the thyrotoxic patient and the therapeutic use of radioactive iodine have reduced the incidence of storm, it is still a serious complication. Treatment is still unsatisfactory, however, as evidenced by the mortality figures (20 to 50 per cent). It has been shown recently that most of the cardiovascular and metabolic manifestations of thyrotoxicosis can be controlled effectively by blockade of the beta-adrenergic receptors of the body. Intravenous administration of propranolol was immediately effective in the management of thyrotoxic storm in a patient who did not respond to other modes of therapy. (*Das, G., and Drieger, M.: Treatment of Thyrotoxic Storm with Intravenous Administration of Propranolol, Ann. Intern. Med. 70: 985 (May) 1969.*)

RELAXANTS AND OCULAR PRESSURE Succinylcholine (SCh) increases intraocular pressure in part by contracting extraocular muscles and in part by contracting orbital smooth muscles. If the dose of SCh is large enough to increase arterial pressure, this also contributes to the increase in intraocular pressure. The effects of SCh on extraocular muscles, orbital smooth muscles, and intraocular pressure can be prevented by *d*-tubocurarine, gallamine or hexafluorenum. (*Katz, R. L., and Eakins, K. E.: The Actions of Neuromuscular Blocking Agents on Extraocular Muscle and Intraocular Pressure, Proc. Roy. Soc. Med., 62: 1217 (Dec.) 1969.*)