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Drugs

DRUG COMA The increasing use of diuresis and dialysis to treat patients with drug coma has created a need for rapid and detailed toxicologic information about the unconscious patient. A gas chromatographic method was used to screen plasma from 41 patients with suspected drug coma. In each of 37 a barbiturate, meprobamate, glutethimide, or a combination of these sedatives was found in sufficient concentration to explain the coma. In more than half of these cases, the histories available at the time of admission proved unreliable as guides for identifying the drugs causing the comas. Gas–liquid chromatography is uniquely suited for the rapid diagnosis of drug intoxication, since it permits simultaneous identification and measurement of a variety of sedative agents. (*Bloomer, A. A., and others: Rapid Diagnosis of Sedative Intoxication by Gas Chromatography, Ann. Intern. Med. 72: 223 (Feb.) 1970.*)

PRENYLAMINE LACTATE Prenylamine lactate (*N*-[3,3-diphenylpropyl]-methylphenethylamine) has been shown by double-blind techniques to have reduced the anginal attack rate from 6.1 to 4.2 per week in 12 subjects ($P < 0.01$). Prenylamine inhibits the uptake of norepinephrine by storage granules in sympathetic nerve endings. The 120–240-mg daily dose of prenylamine resulted in lower mean resting pulse rates than in control subjects (74 vs. 81), but did not affect blood pressure. No evidence of congestive heart failure or bronchospasm appeared in patients taking the drug for as long as two years. (*Cardoe, N.: A 2-Year Study of the Efficacy and Tolerability of Prenylamine in the Treatment of Angina Pectoris, Postgrad. Med. J. 46: 708–712, 1970.*)