The mean eruption time of M_2 shows a reversal of this tendency. It is suggested that this is due to the susceptibility of the milk molars to caries and their consequent earlier loss in less favourable conditions.

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ATTEMPTED SUICIDE WITH MEPROBAMATE TREATED WITH LEPTAZOL

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Meprobamate (2-methyl-2-N-propyl-1,3-propanediol dicarbamate; "miltown"; "equanil") was synthesized by Ludwig and Piech in 1950, and is widely used as a tranquillizer in the treatment of anxiety states and other psychoneurotic disorders. It has received wide acclaim as a most promising and relatively non-toxic drug offering many advantages over the usual sedative preparations prescribed in the treatment of these conditions. As there are few reported instances of meprobamate overdosage, we describe the following case, and draw particular attention to the effective therapeutic response to leptazol.

Case Report

A 30-year-old man, weighing 103 lb. (46.7 kg.) was admitted to hospital in coma. He had attended the outpatient department some days prior to admission, where meprobamate, two 400-mg. tablets four times daily, had been prescribed for an anxiety neurosis. He had, however, taken two tablets every four hours for a period of three days, and finally on the night before admission had ingested 20 tablets (8 g.) as a single dose. The following morning he was found unconscious in his room and was admitted to hospital.

Examination revealed a poorly developed comatose man insensitive to stimuli. Respirations were shallow at 20 a minute, pulse rate 84 a minute, axillary temperature 97° F. (36.1° C.), and blood pressure 80/60 mm. Hg. Other findings of particular interest were marked flaccidity of all limbs and an inability to elicit any tendon reflexes. He appeared to be in a state of hibernation combined with muscle relaxation and profound depression of the central nervous system. Gastric lavage was performed and an intravenous infusion of 5% glucose in saline instituted; at the same time it was decided to administer an intravenous injection of leptazol as an antidote to meprobamate. The effect of leptazol was dramatic. Within a minute of injecting 3 ml. the patient regained consciousness and responded to questioning although still drowsy, and he was able to give a relatively clear account of events leading up to his ingestion of the excessive dose of meprobamate the previous day. An examination of the nervous system 10 minutes after the

restoration of consciousness revealed extremely brisk tendon reflexes. His blood pressure had risen to 90/60 mm. Hg, and he complained of feeling intensely cold. Progress from this stage was uneventful, and by the following morning he appeared to have made a complete recovery.

Discussion

In 1954 Berger published a detailed account of the pharmacological properties of meprobamate. It produces a reversible flaccid paralysis of skeletal muscle with the abolition of tendon reflexes. Smaller doses produce muscle relaxations and sedation, without the stimulating effect common to most sedative drugs. Meprobamate, like mephensin, acts on the central nervous system as an interneuronal blocking agent, but is more effective and better tolerated than the latter.

When administered in the usual dose of one to six 400-mg. tablets daily, it is generally regarded as being an extremely safe drug. Selling (1955), in the study of 187 patients, described certain minor adverse effects. The first patient had two fainting attacks and fever of 102° F. (38.9° C.) following the administration of two tablets. A second developed urticaria after four days' treatment. Angioneurotic oedema developed in a third, and five patients complained of gastric discomfort. Selling describes two cases of meprobamate overdosage. One patient ingested 20 g. over a 24-hour period, became extremely sleepy, and developed a bradycardia of 40 a minute. The patient was made to walk about, and hot coffee was given in an attempt to keep her awake. She finally slept soundly for a period of 10 hours. Another patient consumed 40 g. of meprobamate within 24 hours and suffered no ill effects.

In his article Bergèr reported that meprobamate protected animals from E.C.T. seizures, and appeared to act as an antagonist toward leptazol and strychnine-produced seizures, and we therefore decided in this instance to use leptazol as a specific antidote to meprobamate overdosage.

Meprobamate seems to be a most valuable drug with a potentially wide field of application in clinical medicine. Its uses are not confined to the treatment of anxiety states. The anticonvulsant action suggests further study in the treatment of epilepsy, and the rigidity of Parkinson's disease might also benefit from its muscle-relaxant effect. With the ever-widening field of application one must anticipate an increased incidence of overdosage. Here we suggest leptazol as a specific antidote to meprobamate overdosage.

Summary

A case is described of attempted suicide with meprobamate and a dramatic restoration to consciousness following the intravenous injection of leptazol. The literature is briefly discussed, and a wider application of tranquillizers is envisaged. It is suggested that leptazol be used as the antidote to meprobamate poisoning.

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Mr. JOHN WILSON, the Director of the British Empire Society for the Blind, who is himself blind, has recently returned from a 15,000-mile tour of British territories in the Mediterranean and West Africa. The society by working with governments, local organizations, and missions is endeavouring to reduce the prevalence of preventable blindness. Mr. Wilson writes in the society's news bulletin that "Detailed surveys have now confirmed the appalling fact that there are 400,000 blind people in Nigeria, Ghana, Sierra Leone, and Gambia." The society also aims at training blind people to work and earn their living, rather than beg for it, and encourages blind children to attend school.