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Medical Memoranda

Addiction to Carbromal

Carbromal (α -bromo- α -ethylbutyrylcarbamide) is incorporated in a variety of proprietary preparations which are available freely without prescriptions to the general public as safe sedatives. The present case is reported in order to draw further attention to the possible serious consequences of overdosage and to the difficulties of dealing with addiction to it under the existing regulations.

CASE HISTORY

The patient, a married woman, was first admitted to hospital in June, 1949, when aged 54. Her husband and neighbours had observed that she had been taking about 30 tablets of "persomnia" (each containing carbromal 195 mg. and bromvaletone 65 mg.) daily for some months and had become lethargic, confused, and ataxic. Her doctor had already formed the opinion that she was a persomnia addict and had sought psychiatric advice, but no mental disease had been found.

On admission she was drowsy, but showed no localizing sign and no rash. Her recovery was uneventful except for the occurrence of a transient tremor of her hands. Samples of her urine and stomach contents taken on admission showed a considerable excess of bromine.

After discharge she continued to take persomnia in spite of her husband's efforts to prevent this, and was also known to take fairly large quantities of alcohol. Her mental condition showed progressive deterioration and she neglected her housework, which was done by her husband until he left her in the spring of 1958. Thereafter she was largely fed by her neighbours.

She was readmitted in June, 1958, having been found on the floor of the house with the room in disorder. Her doctor had removed several containers of persomnia tablets from her house some days previously. Clinical examination again gave negative findings, and she recovered within a few days. Psychiatric opinion remained that she had no mental disorder which justified restraint.

A very similar cycle of events recurred five times between July and September, although her doctor had contacted all local pharmacists and requested them not to supply her with persomnia. She consistently refused prolonged hospital or convalescent-home treatment, would not accept admission to local authority accommodation, nor was it found possible to force her to do so under the National Assistance Act.

At noon on December 11 she was noted by a neighbour to be in her usual state, and was found dead in bed the following morning.

At necropsy no organic change of any significance was found. Analysis of her blood, urine, and cerebrospinal fluid showed bromide concentrations of 132 mg., 110 mg., and 105 mg. per 100 ml. respectively. Her stomach contained 850 ml. of fluid, the level of bromine being approximately 125 mg. per 100 ml., precise estimation proving technically difficult. No evidence of barbiturate or of salicylate was found in any of the body fluids.

At the inquest a verdict of accidental death due to carbromal (persomnia) intoxication was recorded.

DISCUSSION

The more serious effects of carbromal overdosage include acute and chronic mental symptoms (Magnussen, 1947; Stroh, 1955), addiction (Barker, 1958; Seager and Foster, 1958; Young, 1958), and death (*Pharm. J.*, 1958a, 1958b), while drug eruption is another complication even with normal dosage (Borrie, 1955; Prosser Thomas, 1958; Young, 1958).

In the present instance the patient took persomnia tablets in large numbers for at least 10 years. Her resultant mental disturbances were well known, not only to those concerned with her medical care but also to the police and to her neighbours. Several hospital admissions were required for the more severe acute toxic episodes, which mainly occurred after she had been left by her husband, who previously had removed an enormous number of persomnia tablets from the house. Nothing effective could be done for her, as she always denied taking persomnia or other drugs, refused to co-operate with every endeavour to control her addiction, and continued to obtain the drug despite the efforts to stop her.

Considerable concern is now felt in this country about the unrestricted sale of carbromal and bromvaletone. The Ethical Committee of the Pharmaceutical Society has recommended that these drugs be included in Part I of the Poisons List and First and Fourth Schedules to the Poisons Rules (*Pharm. J.*, 1958c). The Poisons Board was unable to accept this recommendation, and this decision was upheld by the Home Secretary, but the matter has been referred to the Interdepartmental Committee on drug Addiction by the Minister of Health (*Brit. Med. J.*, 1958; *Pharm. J.*, 1958d).

This case emphasizes some of the difficulties of dealing with carbromal addiction under existing regulations, and it is to be hoped that measures will soon be adopted which will improve the present position.

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