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Drugs

ATROPINE AND SYNCOPE Six healthy subjects were exposed to three periods of negative pressure applied to the lower body until vasodepressor syncope developed. Three forms of treatment were administered randomly to each patient and the results compared. The treatments were: saline solution, given intravenously; pretreatment with atropine sulfate, 2 mg intravenously; atropine sulfate, 2 mg intravenously after vasodepressor syncope had developed. Heart rate, auscultatory blood pressure, and forearm blood flow were measured. When saline solution alone was used, heart rate and diastolic blood pressure increased, systolic blood pressure and forearm blood flow decreased as negative pressure was applied. With syncope, heart rate and blood pressure decreased while forearm blood flow remained unchanged. Pretreatment with atropine did not change blood pressure or forearm blood flow responses from those seen following solution of saline administration. However, heart rate increased and, with syncope, increased further. Pretreatment with atropine may have delayed the onset of syncope. When syncope occurred, atropine increased heart rate, with no significant changes in blood pressure, forearm blood flow or the symptoms associated with vasodepressor syncope. (*Murray, R. H., and Shropshire, S.: Effect of Atropine on Circulatory Responses to Lower Body Negative Pressure and Vasodepressor Syncope, Aerospace Med. 41: 717 (July) 1970.*)

DDT AND DRUG METABOLISM Occupational exposure to DDT increases the metabolism of phenylbutazone and the urinary excretion of 6-beta hydroxycortisone in man. Considerable variation in phenylbutazone half-life was found in different people; there was no correlation between DDT levels in factory workers and phenylbutazone half-life. (*Poland, A., and others: Effect of Intensive Occupational Exposure to DDT on Phenylbutazone and Cortisol Metabolism in Human Subjects, Clin. Pharmacol. Ther. 11: 724 (Sept.) 1970.*)