Study Group on Blood Dyscrasias of the American Medical Association. These included cases which were published in the American medical journals during the same period. Forty-eight cases noted in foreign medical journals are reviewed separately.

These findings increase the total number of cases reported since 1955 to 1,504 and the total number of drugs and chemicals reported to be associated with the development of blood dyscrasias to 411. Because of the large number of drugs involved, it has become increasingly difficult to evaluate the data and establish firm etiological relationships between specific drugs and specific blood disorders. However, certain previously unsuspected hematological side effects of drugs may be recognized much earlier if data are gathered from all over the country. Therefore, the Study Group on Blood Dyscrasias feels that it is important to continue to act as a clearinghouse for all suspected instances of hematological side effects which may arise from the use of drugs.

In order to transform the accumulated data into useful information, the Study Group has recommended that a brief analysis of the reported material be prepared. A copy of the complete tabulation is available upon request from the Council on Drugs.

An anlysis of the new cases added to the tabulation during the first 6 months of 1961 does not justify any sweeping conclusions or condemnations. The drugs appearing in the tabulation are those which are known to have produced toxic reactions and which continue to cause trouble when used, or are those drugs which are widely used.

A total of 163 different drugs and chemicals were associated with the 138 cases reported to the Registry during the period in review.

A.—Ninety-eight drugs were associated with one case each. Of these, only imipramine hydrochloride (Tofrānil) requires special mention. This drug was introduced, in 1959, for the treatment of depression. Since that time, it has been reported as a possible causative agent in 9 cases of leukopenia, 2 of which were fatal. However, only one additional case has been reported in the first 6 months of 1961.

B.—Thirty-one drugs were associated with 2 cases each. The potentially toxic effect of quinidine (Asarum, Conchinine, Conquinine, Pitayine, Quindate) on platelets is emphasized by the fact that 2 patients developed thrombocytopenia after the administration of quinidine, the only drug used.

C.—Twelve drugs were associated with 3 cases each. Dexamethasone (Decadron, Deronil, Gammacorten), a synthetic analogue of hydrocortisone, was reported to be associated with 2 cases of pancytopenia and 1 case of leukopenia. This drug is mentioned because it had not previously been associated with the development of blood dyscrasias. However, in all 3 cases, other drugs known to be potentially toxic were administered concurrently; thus, it seems dubious that dexamethasone was the offending agent.

D.—Eight drugs were associated with 4 cases each. A definite cause-effect relationship could not be established in any of these cases because of the variety of blood disorders induced and the many other drugs used concomitantly.

E.—Fourteen drugs were associated with 5 or more cases each:

Acetophenetidin (Phenacetin)—8 cases
Acetylsalicylic Acid (Aspirin)—15 cases
Chloramphenicol (Chloromycetin)—56 cases
Chlorothiazide (Diuril)—7 cases
Chlorpromazine (Thorazine)—11 cases
Diphenhydramine (Benadryl)—6 cases
Diphenylhydantoin Sodium (Dilantin Sodium)—5 cases
Meprobamate (Equanil, Meprospan, Meprotabs, Miltown)—7 cases
Novobiocin (Albamycin, Cathomycin)—5 cases
Penicillins—17 cases
Phenobarbital (Luminal)—10 cases
Promazine (Sparine)—5 cases
Sulfisoxazole (Gantrisin)—6 cases
Tetracycline (Achromycin, Panmycin, Polycycline, Tetracyn)—18 cases

As in previous tabulations, the drug associated with the highest number of blood dyscrasias in this period is chloramphenicol. It was the only drug administered in 23 of the 56 new cases reported to be associated with the use of chloramphenicol; in 28 of the remaining 33 cases, it had been employed in conjunction with drugs not known to cause blood dyscrasias. These results support