

possible offending agent in 3 cases of pancytopenia reemphasizes this drug's known marrow-suppressive properties.¹

Three drugs were associated with 5 or more cases:

Acetophenetidin (Phenacetin)—5 cases.

Aminopyrine—8 cases.

Sulfonyldianiline (Dapsone, Avlosulfon)—8 cases.

Sulfonyldianiline was reported to have been the only drug given to 8 patients who subsequently developed anemia.² This drug has previously been associated with the development of one case of pancytopenia and 2 cases of anemia. Its chemical name is 4,4-diaminodiphenylsulfone, and it is used for the treatment of leprosy and dermatitis herpetiformis. Since it is so rarely used, the large number of cases in the tabulation must be viewed with some concern. Sulfonyldianiline should be used only with full awareness of its potentially toxic effect.

Aminopyrine, an old drug of well-known toxicity, continues to be responsible for many cases of granulocytopenia. Acetophenetidin was found to be associated with a number of cases, both here and abroad; this is not surprising in view of its wide employment as an analgesic.

This analysis did not unearth any new, commonly used toxic drugs. However, it did reemphasize the fact that many drugs are potentially toxic, and that there is always a calculated risk in administering drugs to patients. In order that the medical profession may be served in the most efficient manner, the Study Group urges every physician to report to the AMA Council on Drugs immediately if he should suspect that a blood disease may have been caused by a drug or chemical. A smoothly functioning reporting system will aid the Study Group in the early detection of any hematotoxic properties in new drugs and will enable it to alert the medical profession to such potential dangers. Report forms may be obtained from the Council on Drugs, American Medical Association, 535 N. Dearborn St., Chicago 10.

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DRUG-RELATED BLOOD DYSCRASIAS

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Side effects of drugs constitute a continuing problem which has 2 aspects: (1) the known risk of occasional idiosyncrasy from an established drug and (2) the as yet undetermined potentiality of a newly introduced drug to produce serious side effects in an occasional patient. Among the most serious side effects of drugs is the development of a blood dyscrasia: agranulocytosis, aplastic anemia, hemolytic anemia or thrombocytopenia.

The Study Group on Blood Dyscrasias of the AMA Council on Drugs is charged with the task of investigating possible relationships of drugs to blood dyscrasias. Although the medical profession is aware of the possibility that blood dyscrasias may be produced by newly introduced drugs, the lack of a means for reporting such instances has sometimes led to long delays in the accumulation of a sufficient number of cases to arouse a suspicion concerning the drug. To provide a more rapid means of collecting information, a Registry of Blood Dyscrasias has been established, and physicians are encouraged to report to this Registry all cases of drug-induced blood dyscrasias. A simple report form has been devised and all drugs known to have been administered during the past 6 months preceding the onset of the blood dyscrasia are listed. In addition to the reports submitted, a search of the world literature is now made so that cases gathered from this source are also incorporated in a semi-annual tabulation. This tabulation is available upon request.

¹ McLean, J. A.: Blood Dyscrasia After Contact with Petrol Containing Benzol, *Med J Aust* (no. 2) 47: 845 (Nov. 26) 1960.

² Gentile, H.; Lagerholm, B.; and Lodin, A.: Macrocytic Anemia Associated with Dermatitis Herpetiformis and 4,4-Diaminodiphenylsulfone Treatment, *Acta Dermatovenereol (Stockh)* 40: 334, 1960.

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