

A registry, established to study blood dyscrasias that might be related to drugs, received 448 reports of such cases during the year 1960. There were 97 cases of pancytopenia. Among the 31 cases in which a single drug was implicated, 5 drugs were associated with more than 1 case: chloramphenicol, methyl-phenyl-ethyl-hydantoin, phenylbutazone, and the 2 insecticides, gamma benzene hexachloride and chlordane. There were 44 cases of thrombocytopenia, and among the 16 cases in which a single drug was implicated the one most frequently involved was quinidine (5 cases). Among 93 cases of leukopenia there were 8 in which chlorpromazine was the only drug implicated. It is evident that certain drugs must be used only if the physician is alert, and alerts his patient, to the fever, sore throat, weakness, pallor, or bleeding that may be the first sign of developing blood dyscrasia.

Such a system has many inadequacies, but it does make available more cases for study than the review of the literature alone. Thus, the Registry has served to emphasize the continued high association of chloramphenicol administration in patients who develop aplastic anemia, the potentiality of chlorpromazine and promazine to produce agranulocytosis, and the production of thrombocytopenia by ristocetin (Spontin). Attention has been called to such findings by a series of statements published in the Journal.¹⁻⁴

A total of 1,318 cases of blood dyscrasias possibly related to drugs were reported to the Registry as of Dec. 31, 1960. In many instances, multiple drugs had been given. However, even when only one drug had been administered prior to diagnosis, a causal relationship might not have existed. This is particularly true of drugs which are used very commonly. Nevertheless, when reports indicate a frequent association of a particular drug with blood dyscrasias, caution is warranted.

REPORTS TO THE REGISTRY OF BLOOD DYSCRASIAS

During the year 1960, the Registry received 448 reports of blood dyscrasias. There were 97 cases of pancytopenia. Of the 31 cases in which exposure to only one agent was reported, five drugs were associated with more than one case: chloramphenicol (Chloromycetin), methyl-phenyl-ethyl-hydantoin (Mesantoin), phenylbutazone (Butazolidin), and the insecticides, gamma benzene hexachloride and chlordane (see Table 1). Chloramphenicol was reported as the only drug given to 19 patients and had been given in association with other drugs in 34 other patients, a total of 53 of the entire 97 cases of pancytopenia.

Drug	Only drug	With other drugs	Total
TABLE 1.—REPORTED INCIDENCE OF PANCYTOPENIA ASSOCIATED WITH DRUG ADMINISTRATION (1960)			
Drug	Only drug	With other drugs	Total
Total cases			97
Chloramphenicol (Chloromycetin)	19	34	53
Methyl-phenyl-ethyl-hydantoin (Mesantoin)	2	3	5
Phenylbutazone (Butazolidin)	3	3	6
Gamma Benzene hexachloride (insecticide)	2	1	3
Chlordane (insecticide)	2	3	5

Thrombocytopenia was reported in 44 cases. Here again only five drugs were reported in more than one case as the only drug administered. The drugs are listed in Table 2.

¹ Blood Dyscrasias Associated with Chlorpromazine Therapy, *JAMA* 160:287 (Jan. 28) 1956.

² Blood Dyscrasias Associated with Promazine Hydrochloride Therapy, *JAMA* 165:685-686 (Oct. 12) 1957.

³ Development and Purpose of Registry of Blood Dyscrasias, *JAMA* 170:1925-1926 (Aug. 15) 1959.

⁴ Blood Dyscrasias Associated with Chloramphenicol (Chloromycetin) Therapy, *JAMA* 172:2044-2045 (April 30) 1960.