agranulocytosis. Pseudolymphomas, lupus erythematosus syndrome, and myasthenia gravis-like syndrome also have been reported. Drowsiness may occur. Reversible visual disturbances, particularly hemeralopia, are quite common. Hiccup sometimes occurs during early treatment. Hair loss may occur.

Usual Dosage.—Oral: Adults: 0.9 to 2.1 gm daily in three or four divided doses. *Children:* Reduce initial dosage in proportion to age and weight.

Preparations.—Tridione (Abbott): Capsules 300 mg; solution 150 mg/4 ml; tablets 150 mg.

Paramethadione [PARADIONE]

Similar to trimethadione and has similar indication, ie, petit mal that is refractory to safer drugs. Somewhat less toxic than trimethadione but also less effective. Reactions that occur tend to be the same as with trimethadione, but some occur less frequently. A few (eg, pseudolymphoma, lupus erythematosus) have not yet been reported with paramethadione.

Usual Dosage.—Oral: Adults: 0.9 to 2.1 gm daily in three or four divided doses. *Children:* Reduce initial dosage in proportion to age and weight.

Preparations.—Paradione (Abbott): Capsules 150 and 300 mg; solution 300 mg/ml.

Miscellaneous

Bromides

Usually as sodium bromide or potassium bromide. Historically of interest as the first antiepileptic. Moderate anticonvulsant activity against grand mal. Routinely cause sedation. Skin eruptions are frequent. Of greatest importance is cumulative poisoning that causes severe toxic psychoses. Bromides are regarded as obsolete for routine use, although they may still have a role in grand mal in children in whom other drugs, for various reasons, prove unsuitable.

Usual Dosage.—Oral: Recommendations have varied. The following are reasonably consistent with several suggestions: 20 to 60 mg per kilogram of body weight per day in divided doses up to 1 gm three times daily total.

Preparations.—Common preparations are tablets or elixirs of various strengths. Many manufacturers.

Phenacemide [PHENURONE]

An effective anticonvulsant that may be useful in *refractory* psychomotor, grand mal, petit mal, and mixed seizures. However, it is a very dangerous drug and should be used only when adequate control of seizures cannot be achieved with other drugs. Potentially fatal reactions include hepatitis, blood dyscrasias (aplastic anemia, agranulocytosis), and toxic psychoses, often with suicidal tendencies. Nephropathy occasionally occurs. Rashes and gastrointestinal symptoms are rather common.

Usual Dosage.—Oral: Adults: Starting dose, 250 to 500 mg three times daily. If necessary, an additional 500 mg daily may be added at weekly intervals. Usual maintenance dose is 2 to 3 gm daily in divided doses. *Children:* Age 5 to 10, approximately one-half adult dosage.

Preparations.—Phenurone (Abbott): Tablets 500 mg.

Acetazolamide [DIAMOX]

Has been reported useful in children with petit mal, but effectiveness declines with continued administration. See chapter on Drugs Used in Glaucoma for properties and other uses.

Usual Dosage.—Oral: Adults and Children: 8 to 30 mg per kilogram of body weight daily in divided doses.

Preparations.—Diamox (Lederle): Capsules (sustained release) 500 mg; tablets 125 and 250 mg.

Meprobamate [EQUANIL, MILTOWN]

May be helpful in some cases of petit mal. When used alone, seldom controls any but the mildest cases. See chapter on Antianxiety Agents for properties and other uses.

Usual Dosage.—Oral: Adults: 400 to 800 mg three times daily. *Children:* Age 3 and older, 100 to 200 mg two or three times daily increased as needed to as much as 2.4 gm daily in older children.

Preparations.—Equanil (Wyeth): Suspension 200 mg/5 ml, tablets (uncoated) 200 and 400 mg, tablets (coated) 400 mg, capsules (sustained release) 400 mg; Miltown (Wallace): Tablets 200 and 400 mg; Meprospan (Wallace): Capsules (sustained release) 200 and 400 mg; Meprotabs (Wallace): Tablets (coated) 400 mg. Other manufacturers.

Paraldehyde

Effective in status epilepticus, but should be reserved for cases in which phenobarbital has failed. Beware of decomposed drug. Intravenously, should be given slowly in a drip; otherwise, it induces severe coughing that, at best, makes administration difficult, and at worst, can cause pulmonary hemorrhages. Some fatalities have occurred. Compatibility with blood has been questioned. Intramuscular injection, though often very irritating, is reasonably safe if adequate care is taken to avoid peripheral nerves. The Council's consultants have divided sharply on whether this agent should be used parenterally, and if so, by which route. Bronchopulmonary disease is a relative contraindication. The sedative effect may be intensified and prolonged in the presence of liver damage.

Usual Dosage.—(Status epilepticus) *Intramuscular. Intravenous:* Suggestions have varied, and available recommendations of manufacturers are vague. However, dosage for status epilepticus frequently exceeds that given for more benign conditions. About 0.15 ml per kilogram of body weight is reasonable; sometimes a moderate additional dose will be needed, especially for smaller children. Intravenous injection must be slow, preferably by drip, with the drug diluted by physiologic saline, and with caution to avoid extravasation.

Preparations.—Paral (Fellows-Testagar), Paraldehyde (Tilden-Yates): 2, 5, and 10 ml containers.

Quinacrine Hydrochloride [ATABRINE]

May be effective in petit mal, but should be used