chlorbutanol added as a preservative. . . . The second preparation is known as 'eurarine chloride' and is put up in 100 mg. glass ampoules as a powder. This product is claimed to be identical with the d-tubocurarine chloride originally isolated by King . . . . The anaesthetics committee of the Medical Research Council and the Royal Society of Medicine are endeavouring to bring about standardization in potency of all curare preparations, but in the meantime it is essential to realize the difference which at present exists. . . . It would appear that curare is likely to prove a notable advance for achieving perfect muscular relaxation during light anaesthesia." 5 references.

J. C. M. C.


"The blood-pressure is normally controlled by impulses proceeding from the vasomotor centre in the medulla by way of the preganglionic and then the postganglionic sympathetic fibres to the blood-vessels; the impulses constrict the blood-vessels and so raise the pressure inside them. When a spinal anaesthetic is given the blood-pressure usually falls to a varying extent as the anaesthetic diffuses upwards in the spinal fluid and blocks the conduction in the preganglionic fibres. To restore the blood-pressure it is clear that a pressor agent which acts peripherally must be used; no effect will be exerted on the calibre of the vessels by a substance which stimulates the vasomotor centre. . . . The best-known substance which acts directly on the vessels is ardenaline. It cannot, however, be used to restore the blood-pressure because its action is transient, and it is also violent. . . . In 1927 Rudolf and Graham introduced ephedrine. . . . After the introduction of ephedrine, Kischinsky and Oberlisse (1931), working in the laboratory of Paul Trendelenburg, described the properties of meta-sympatol, since known in the United States as neosynephrine. . . . In 1937 Rein introduced veritol, now known in Britain as pholedrine. Phedracin was introduced in 1938; it is not a near relation of adrenaline. Finally methedrine, known in Germany as pervitin, and closely related to amphetamine (which has the proprietary name benzedrine), was described in this country by Dodd and Prescott in 1943. All these compounds are pressor. . . . "The action of the substances ephedrine, neosynephrine, pholedrine, phedracin and methedrine in restoring a blood-pressure which has been depressed by the injection of large doses of pentobarbitone has been analyzed. . . . The evidence obtained in cats indicates that the best substances are methedrine (pervitin) and ephedrine." 16 references.

J. C. M. C.


"The object of this survey was to determine the usefulness of trilene in general practice. It was carried out in two independent practises for a period of six months. The points of reference were:—(1) Method of administration: (a) choice of appropriate apparatus; (b) technique. (2) Minor surgery, especially as to the possibility of exploiting the known peculiar analgesic properties of trilene. (3) Midwifery. . . . Provided that very painful procedures—e.g., operations on digits—are avoided, the use of the analgesic properties of trilene in minor surgery seems quite feasible. . . . Recovery is rapid and without sequelae, and the agent has not given rise to the least anxiety. Used as a light anaesthetic for minor surgical procedures it appears