**NARCOTIC ANTAGONISTS** A study of the effects of narcotic analgesics and antagonists in patients being operated upon under spinal anesthesia supplemented with nitrous oxide, oxygen, and intravenous thiopental are reported. The drugs being investigated were injected intravenously as observations upon respiration were being made. The analgesics studied (meperidine and alphaprodine) were all found to depress respiration. The antagonists (nalorphine and levallorphan) equally counteracted the depression produced by the analgesics. If the antagonists were given prior to the analgesics, the respiratory depression of the latter was prevented to a considerable degree. Given conjointly, the marked respiratory depression of the analgesic was prevented. (*Foldes, F. F., Zeedick, F. J., and Koukal, L. R.: Effects of Narcotic Analgetics and Narcotic Antagonists on Respiration, Am. J. M. Sc. 233: 153 (Feb.) 1957.*)

**BARBITURATE POISONING** Twelve unconscious patients with fairly severe barbiturate poisoning were treated with amiphenazole (Daptazole, 2,4-diamino-5-phenylthiazole hydrochloride) and bemegride (Megimide, β-ethyl-β-methylglutarimide). All patients regained consciousness within 24 hours. No deaths occurred. No incidence of chest infection occurred. Hospital stay was reduced appreciably. (*Worlock, A.: Barbiturate Poisoning Treated with Amiphenazole and Bemegride, Brit. M. J., p. 1099 (Nov. 10) 1956.*)

**VIADRIL** Following the use of Viadril in 200 intravenous anesthetics, the author concludes that it is one step further towards the goal of an intravenous drug which is truly anesthetic. It may be the stepping stone to the discovery of a more suitable sterol. (*Adriani, J., and Barth, R.: Viadril (a Sterol) as Intravenous Anesthetic in Surgical Patients, South. M. J. 49: 1275 (Nov.) 1956.*)

**VIADRIL** A clinical evaluation of the utilization of a steroid for intravenous anesthesia in 100 anesthetics shows that Viadril does not furnish the pharmacologic advantages necessary to replace present intravenous drugs. However, it possesses certain properties that suggest continued investigation of related steroids which might furnish a clinically acceptable drug. (*Crawford, O. B., Wise, S. F., and Tillman, W. W., Jr.: Viadril as Intravenous Anesthetic Drug; Clinical Evaluation, South. M. J. 49: 1279 (Nov.) 1956.*)

**DOLITRONE** Dolitrone does not seem satisfactory as a sole anesthetic agent. A much better degree of anesthesia is obtained when it is supplemented with nitrous oxide. Laryngospasm and bronchospasm are lacking. Postoperative vomiting (28 per cent), lack of analgesic properties, tachycardia and hypertension are definite drawbacks. (*Davis, David, A., and others: Dolitrone, South. M. J. 50: 24 (Jan.) 1957.*)

**NOREPINEPHRINE** In the anesthetized dog, norepinephrine exerts a much more potent effect on cardiac output and a more feeble influence upon peripheral resistance than it does in man. (*Levy, M. N., and Brind, S. H.: Influence of l-Norepinephrine Upon Cardiac Output in Anesthetized Dogs, Circulation Res. 5: 85 (Jan.) 1957.*)

**ADRENALINE** Utilizing venous occlusion plethysmography, the vasoconstrictor response to the intrabrachial infusion of adrenaline was studied in 39 normal and in 25 hypersensitive individuals. The vasoconstrictor effect of adrenaline was found to be three times greater in the hypersensitive group than in the normotensive control group. (*Duff, R. S.: Adrenaline Sensitivity of Peripheral Blood Vessels in Human Hypertension, British Heart J. 19: 45 (Jan.) 1957.*)

**MEPROBAMATE COMA** Attempted suicide by ingestion of 10 Gm. of meprobamate resulted in: coma, areflexia, respiratory depression and hypotension. Recovery of corneal, pupillary, cutaneous, and deep tendon reflexes, improved ventilation and elevation of blood pressure followed administration of picrotoxin (12 mg.), oxygen and intravenous saline. (*Claret, R., and others: Coma After Miltown Overdose, Ann. Int. Med. 45: 1211 (Dec.) 1956.*)

**PROMETHAZINE** To premedication combinations containing promethazine