

result that induction was smoother, recovery more rapid and the postanesthetic drowsiness and confusion were absent. (*Henderson, A. G., and Mackett, J.: Buthalitone Sodium in Out-Patient Anesthesia, Brit. M. J. 1: 1095 (May 11) 1957.*)

MORPHINE Thirteen patients who had a cholecystectomy and T-tube drainage were studied by cholangiography, with and without morphine medication. The effect of morphine on the biliary tree and sphincter of Oddi was unpredictable. The fibers of the autonomic nervous system supplying the musculature of the common duct and sphincter of Oddi may be removed by cholecystectomy. (*Thomas, W. P., Erickson, V., and McCort, J. J.: Effect of Morphine Sulfate on Common Bile Duct; Clinical Study, Am. J. Med. Sc. 233: 87 (Jan.) 1957.*)

CONTROLLABLE APNEA Prolonged apnea is induced in patients anesthetized with thiopental-nitrous oxide by intravenous administration of alphaprodine. Spontaneous respiratory activity is re-established by levallorphan. (*Foldes, F. F.: Narcotic Induced Controllable Apnea, Am. J. Med. Sc. 233: 1 (Jan.) 1957.*)

NALORPHINE The subjective effects of 10 mg. nalorphine and of 15 mg. morphine were compared in the same and different groups of patients. Nalorphine produced all the subjective effects of morphine, but in addition produced sweating, paresthesias, and mental changes described as sensations of unreality. Sedation was more frequent and more intense after nalorphine, but the subjective effects of nalorphine were more unpleasant than those of morphine. (*Keats, A. S., and Telford, J.: Subjective Effects of Nalorphine in Hospitalized Patients, J. Pharmacol. & Exper. Therap. 119: 370 (March) 1957.*)

SYNTHETIC ANALGESIC A new analgesic, differs from morphine and meperidine, chemically by its structure, pharmacologically by a more potent analgesic effect and a lesser toxicity (experimental evidence), clinically by a

marked pain-relieving effect without hypnosis and a definite antitussive action. It has no effect upon the electroencephalogram and is antagonized by *N*-allylnormorphine. (*David, M., and Deligné, P.: New Synthetic Analgesic: R 837 or 2-2 Diphenyl-3 Methyl-4 Morpholine-Butyryl-Pyrrolidine; Pharmacological Considerations on its Use in Neurosurgery, Presse Méd. 65: 731 (April 20) 1957.*)

DIGITALIS TOLERANCE TEST A precise inverse quantitative, linear relationship exists between calcium and digitalis producing electrocardiographic end points. Increasing increments of 10 per cent calcium gluconate are given intravenously until the end point is reached and a rapidly acting calculated therapeutic dose of digitalis can be given safely at the termination of the test avoiding digitalis toxicity. (*Nalbandian, R. M., and others: New Quantitative Digitalis Tolerance Test Based Upon Synergism of Calcium and Digitalis, Am. J. Med. Sc. 233: 503 (May) 1957.*)

RELAXANTS Data on the effects of neuromuscular blocking agents on central breathing mechanisms were obtained from 17 cross circulation experiments in dogs. Succinylcholine, decamethonium, and *d*-tubocurarine were studied. The data recorded clearly show that these relaxant drugs have no effect upon central respiratory function when administered in doses large enough to produce prolonged neuromuscular block. Apnea appears after relaxants solely from a peripheral action of the drugs. (*Irwin, R. L., and Wells, J. B.: Respiratory Activity of Certain Neuromuscular Blocking Compounds; Direct Peripheral and Central Comparison, J. Pharmacol. & Exper. Therap. 119: 329 (March) 1957.*)

MEPHENTERMINE The effect of mephentermine (Wyamine) on cerebral metabolism and circulation was measured in 11 normal human volunteers by the method of Kety and Schmidt. Cerebral metabolism was increased whereas cerebral blood flow and vascular resistance were unchanged. The mechanism of the increase in oxygen utilization is unknown. (*Richardson, D. W., Ferguson, R. W., and*