Acclimatization, Am. J. Physiol. 191: 153 (Oct.) 1957.)

MORPHINE ANALGESIA Reserpine antagonizes the analgesia in mice induced by morphine, meperidine and codeine. Five-hydroxytryptophane, tryptamine, amphetamine and epinephrine prolong and enhance morphine analgesia. *(Sigg, E. B., Caprio, G., and Schneider, J. A.: Synergism of Amines and Antagonism of Reserpine to Morphine Analgesia, Proc. Soc. Exper. Biol. & Med. 97: 97 (Jan.) 1958.)*

MORPHINE EXCRETION In the dog, the renal clearance values of free and conjugated morphine suggest that these two forms are excreted primarily by glomerular filtration, although a small amount of free morphine may be removed by tubular excretion. *(Baker, W. P., and Woods, L. A.: Study in Dog of Renal Clearance of Morphine and Effect of Morphine on p-Aminohippurate Clearance, J. Pharmacol. & Exper. Therap. 120: 371 (July) 1957.)*

MORPHINE-ATROPINE The effects of morphine, atropine, morphine-atropine, and saline upon respiration were studied on a blind basis in normal healthy volunteers. Atropine (0.6 mg.) did not prove to be a respiratory stimulant, nor did atropine alter the respiratory depressant activity of morphine. *(Steinberg, S. S., Bellville, J. W., and Seed, J.: Effect of Atropine and Morphine Upon Respiration, J. Pharmacol. & Exper. Therap. 121: 71 (Sept.) 1957.)*

DIHYDROCODEINE The analgesic action, respiratory depressant effects and subjective effects of dihydrocodeine have been tested in preoperative and postoperative patients. Sixty milligrams of dihydrocodeine were the analgesic equivalent of 10 mg. of morphine. However, dihydrocodeine is not an analgesic of the morphine type, but rather a codeine of increased effectiveness. Dihydrocodeine in sufficient dose is capable of producing all the undesirable side effects of morphine. *(Keats, A. S., Telford, J., and Kurosu, Y.: Studies of Analgesic Drugs: Dihydrocodeine, J. Pharmacol. & Exper. Therap. 120: 354 (July) 1957.)*

CODEINE Cough induced in the chloralized dog by faradic stimulation of the visceral pleura, or induced by injection into the common carotid artery of lobeline (0.05–0.025 mg.) is attenuated, but not suppressed by a dose of codeine of 1 mg./kg. body weight, given by means of a gastric tube. Two mg./kg. body weight suppresses this induced cough. If higher doses of lobeline are given (0.05–0.1 mg.), higher quantities of codeine are required to diminish or suppress the cough. *(Gross, A.: Investigation, in Chloralized Dog, of Antitussive Effect of Codeine, in Experimentally Induced Cough, C. R. Soc. Biol. 151: 704 (Oct.) 1957.)*

NARCOTIC ANTAGONISTS Over 40 years ago Pohl demonstrated that N-allylnorcodeine was an effective antagonist, and in 1942 N-allylnormorphine was synthesized. These drugs are only effective against narcotic produced depression. A suggested ratio of narcotic to antagonist is given for depression in cases where the dose of narcotic is known. In the case of Demerol it is 20:1 with Nalline hydrochloride and 100:1 with Lorfan tartrate. Application of Lorfan-narcotic mixtures in obstetrics, surgery, anesthesia and chronic pain problems is described. *(Sadove, M. S., and Schiffrin, M. J.: Clinical Principles for Narcotic Antagonists, Postgrad. Med. 22: 566 (Dec.) 1957.)*

MONOUREIDE SEDATIVES Due to the fact that the monoureide sedatives are not habit forming, have no side effects, no hangover and no contraindications, their use in combination is much preferable for continued use as a sedative or somnifacient to the dangerous and habit forming barbiturates. *(Feinblatt, T. M., Feinblatt, H. M., and Ferguson, E. A., Jr.: Comparison of Monoureide and Diureide Sedatives with Respect to Drug Habituation, Untoward Effects and Mortality Rates, J. Nerv. & Ment. Dis. 125: 335 (April–June) 1957.)*

BARBITURATE DEPENDENCE Volunteers were chronically intoxicated with either secobarbital or pentobarbital in various dosage ranges. Men taking 0.9 Gm. or more of these drugs daily developed