

J. A. M. A. 166: 1438 (Mar. 22) 1958.) (An unusually fine and complete survey of the subject of tranquilizers which should be basic in an anesthesiologist's file.—*Reviewer.*)

CHLORPROMAZINE POISONING

A case of acute chlorpromazine poisoning with resultant hypotension and respiratory depression responded to intravenous nalorphine. (*Sacks, N. Z.: Acute Chlorpromazine Poisoning, Lancet, 2: 983 (Nov. 16) 1957.*)

ANTIHISTAMINES

Sensitization to the cardio-accelerator action of adrenaline and noradrenaline by five antihistamines was examined on the acutely denervated heart of the cat. Antazoline (Antistin), chlorcyclizine and promethazine (Plenergan) increased cardio-accelerator response to both amines equally. Mepyramine (Antisan) increased noradrenaline more than adrenaline action. Diphenhydramine (Benadryl) potentiated the responses to noradrenaline but not to adrenaline in a manner similar to that of cocaine and chronic denervation. Potentiating activity of the drugs was not related to their antihistamine potency or local anesthetic activity. (*Innes, I. R.: Sensitization of Heart and Nictitating Membrane of Cat to Sympathomimetic Amines by Antihistamine Drugs, Brit. J. Pharmacol. 13: 6 (Mar.) 1958.*)

SYNAPTIC TRANSMISSION

Trimethadione (Tridione) administered to cats produced synaptic depression leading to a marked decrease in nervous transmission during repetitive stimulation. This was due to the action of the drug at a presynaptic site. All of the effects of a barbiturate were completely antagonized by appropriate doses of pentylenetetrazol (Metrazol). Conversely, the excitant effects of pentylenetetrazol could be completely antagonized by the barbiturates. (*Esplin, D. W., and Curto, E. M.: Effects of Trimethadione on Synaptic Transmission in Spinal Cord; Antagonism of Trimethadione and Pentylenetetrazol, J. Pharmacol. & Exper. Therap. 121: 457 (Dec.) 1957.*)

CORTICOSTEROID THERAPY

Operative and postoperative complications were minimal during thirty-six operations

done during long term treatment with either adrenocortical hormones or corticotropin. Operations during long-term treatment with adrenocortical hormones carry no increased risk of complications, provided there are no gross signs of overdosage with the hormones, and the administration of the hormones is not interrupted. (*Popert, A. J., and Davis, P. S.: Surgery During Long-Term Treatment with Adrenocortical Hormones, Lancet 1: 21 (Jan. 1) 1958.*)

ADRENAL ATROPHY

Following prolonged parenteral administration to rats, prednisolone and hydrocortisone caused more adrenal atrophy than did prednisone. (*Hodgers, J. R., and Vernikos, J.: Comparison of Pituitary Inhibitory Effects of Prednisone, Prednisolone, and Hydrocortisone, Brit. J. Pharmacol. 13: 98 (March) 1958.*)

NEOMYCIN PARALYSIS

Neomycin given intravenously produced neuromuscular blockade in rabbits with one-tenth to one-twentieth the dose when the animal was anesthetized with ether. In dogs, neostigmine antagonized the ether-neomycin neuromuscular blockade. These studies suggest that reports of apnea following neomycin instillation in the peritoneum is due to the neuromuscular blocking activity of the neomycin. (*Pittinger, C. B., and others: Danger of Intra-peritoneal Neomycin During Ether Anesthesia, Surgery 43: 445 (Mar.) 1958.*)

STREPTOMYCIN

Streptomycin injected intravenously in dose of 110 mg./Kg. abolished or diminished the amplitude of the contractions of some dogs' tibialis anticus when stimulated indirectly. This was interpreted as a neuromuscular blockade since it was abolished by neostigmine. (*Brazil, O. V., and Corrado, A. P.: Curariform Action of Streptomycin, J. Pharmacol. & Exper. Therap. 102: 452 (Aug.) 1957.*)

OPIOIDS

Synthetic morphine-like compounds are called opioids. Those available for clinical use are meperidine, methadone, alphaprodine, levorphanol, anileridine, ethoheptazine, and darvon. All have their advantages, disadvantages and limitations. The narcotic antagonists of