of intravenous meperidine. In view of the proved epileptogenic properties of phenothiazine drugs, promethazine should not be given to patients with a history or evidence of preeclampsia, epilepsy, convulsions, intracranial trauma, or severe hypertension. (*Adelman, M. H., and others: Promethazine Hydrochloride in Surgery and Obstetrics, J.A.M.A. 169: 73 (Jan. 3) 1959.*)

PROCAINE ESTERASE The activity of Novocaine esterase, hydrolysing Novocaine, and also the activity of the enzyme which acetylates para-aminobenzoic acid—the product of Novocaine hydrolysis—were studied. It was found that the activity of Novocaine esterase in the blood serum of patients with endarteritis obliterans was always lower than normal. After Novocaine block a tendency to a further decrease was observed. In cases of the control group on the other hand, the introduction of Novocaine increased the Novocaine esterase activity. In patients with endarteritis obliterans in all forms and periods of the illness, with the exception of cases with sympathectomy, a considerable decrease of the output of acetylated para-aminobenzoic acid in the urine, formed as a result of Novocaine splitting, was observed. (*Vorotyntseva, E. N.: Effect of Novocaine Block Upon Activity of Enzymes Catalysing Metabolism of Novocaine in Patients with Endarteritis Obliterans, Byull. Eksper. Biol. i Med. 44: 53, 1957.*)

HYPNOTIC DRUGS A method is described for screening and evaluating hypnotic drugs in mice. Intrahepatic administration of pentobarbital gives more rapid hypnosis than the intraperitoneal route. Consistent data were obtained regarding onset, depth and duration of anesthesia. The fall in body temperature and relaxation of the skeletal musculature associated with barbiturate anesthesia were selected for end-point measurements. (*Fairchild, M. D., Russell, F. E., and Emery, J. A.: Preliminary Report of a New Method for Evaluating Hypnotic Drugs, Am. J. M. Sc. 237: 74 (Jan.) 1959.*)

BARBITURATE WITHDRAWAL The administration of 100 mg. of Nembutal four times a day in healthy adults produced electroencephalographic changes which returned to normal level during chronic administration of the drug, as did the behavior pattern of the subjects. Unlike withdrawal from larger doses of barbiturates this dose schedule was not followed by psychotic or convulsive manifestations in any of these subjects; however, some developed paroxysmal electroencephalographic changes associated with withdrawal. (*Essig, C. F., and Fraser, H. F.: Electroencephalographic Changes in Man During Use and Withdrawal of Barbiturates in Moderate Dosage, Electroencephalog. & Clin. Neurophysiol. 10: 649 (Nov.) 1958.*)

LEVALLORPHAN The metabolic fate of levallorphan was studied in the rat, mouse, guinea pig, rabbit and dog, as well as in surviving liver slices from these species. Two metabolites of levallorphan have been demonstrated, including three-hydroxymorphinan and another structurally unidentifiable metabolite. Despite the identification of these metabolites, less than 8 per cent of a given dose of levallorphan can be recovered as either the metabolites or unaffected levallorphan. Most of the drug disappears in an undetectable fashion within the first hour. (*Mannering, G. J., and Schanker, L. S.: Metabolic Fate of Levo-3-Hydroxy-N-Allylmorphinan (Levallorphan), J. Pharmacol. & Exper. Therap. 124: 296 (Dec.) 1958.*)

ANALGESIA FROM NALORPHINE In a controlled clinical comparison of morphine and nalorphine in 60 patients experiencing postoperative pain, nalorphine was found to be approximately one fourth as effective as morphine in relieving pain. (*Okun, R., and others: Analgesic Potency of Normorphine in Patients with Postoperative Pain, J. Pharmacol. & Exper. Therap. 124: 260 (Nov.) 1958.*)

ANILERIDINE In 2,500 administrations to more than 600 patients, the following conclusions emerged: It is a potent analgesic agent with high activity and relatively mild side-effects when given orally. It is useful both as a premedicant for surgical anesthesia (in doses averaging 50 mg. orally or subcutaneously) and as a postoperative sedative and analgesic (in 25–75 mg. doses). Its