irritant. Most forms of sino-atrial block are due to increased vagal tone, and this is commonly due to digitalis intoxication. The irritant action of digitalis may be evidenced by atrial fibrillation, atrial tachycardia, and ventricular extra systoles. Depletion of potassium and excess of calcium enhance the toxic effects of digitalis. Cortisone given to the digitalized patient may cause digitalis toxicity by inducing a loss of potassium. The treatment of arrhythmias due to overdosage consists of withholding the drug, giving potassium of a chelating agent to depress serum calcium, and giving procaine amide. (*Connolly, D. C.: Arrhythmias Associated with Digitalis Therapy, Postgrad. Med. 25: 509 (May) 1959.*)

INTERACTION OF RELAXANTS The time course of the interaction between decamethonium or succinylcholine and tubocurarine was determined by the rabbit head-drop technique. Pretreatment with decamethonium decreased the amount of tubocurarine required to produce head-drop to an even greater extent than did pretreatment with tubocurarine itself. Succinylcholine pretreatment decreased the head-drop dose of tubocurarine. If tubocurarine were administered first and succinylcholine ten minutes later, the head-drop dose of succinylcholine was reduced. (*Smith, C. M., and Urban, C.: Interaction Between Neuromuscular Blocking Agents: Time Course of Effects as Assessed by Rabbit Head-Drop Assay, J. Pharmacol. & Exper. Therap. 125: 227 (March) 1959.*)

NEOMYCIN APNEA Two patients, 84 and 83 years old, developed apnea following intraperitoneal instillation of 2 Gm. of neomycin. Both patients ultimately expired, although one recovered from his apnea before death. (*Doremus, W. P.: Respiratory Arrest Following Intraperitoneal Use of Neomycin, Ann. Surg. 149: 546 (April) 1959.*)

PRESTONAL Prestonal (G-25178) is a shortacting muscle relaxant which has little action on blood pressure but occasionally causes tachycardia. It also possesses anticholinesterase activity. There is no antidote available. (*Hunter, A. R.: Prestonal (G-25178); A New Shortacting Muscle Relaxant, Der Anaesthesist 8: 82 (March) 1959.*)

MEPROBAMATE INTOXICATION A case of deep coma due to overdose of a preparation containing meprobamate is presented. Meprobamate was detected in blood, gastric washings, and urine. He was treated conservatively with vasopressor drugs and intravenous infusions. He demonstrated marked cutaneous vasodilatation. He recovered consciousness 39 hours after admission. (*Bedson, H. S.: Coma Due to Meprobamate Intoxication, Lancet 1: 288 (Feb. 7) 1959.*)

DEXTRAN Administration of more than 2,000 ml. of Dextran intravenously may increase the bleeding time. It increases the blood volume and causes hemodilution. Within twenty-four hours after intravenous administration Dextran is either excreted or metabolized. It is the best plasma volume expander to use, awaiting blood, and is the only one now being added to the national stockpile by the Federal Civil Defense Administration. (*Howard, J., and others: The Present Status of Dextran as a Plasma Expander, Am. J. Surg. 97: 593 (May) 1959.*)

HYDROXYDIONE Presuren brand of hydroxydione is a fine powder readily soluble in 0.25–0.5 per cent procaine solution. No pain occurs on rapid injection of such mixtures. In 346 patients thus anesthetized with precautions to insure emptying of the veins, the incidence of thrombosis was reduced almost to that seen with thiopental. Thrombosis tended to be painless and not extensive. In dosage of 5–8 mgm./lb. to provide basal narcosis in premedicated patients induction time with the rapid injections was three minutes. The use of this drug is advocated in anesthesia for Caesarian section and in patients with partial respiratory obstruction. (*Galley, A. H., and Lerman, L. H.: A New Technique with Hydroxydione, Brit. M. J. 1: 332 (Feb. 7) 1959.*)

FAMILIAL DYSAUTONOMIA This disease is a congenital condition frequently seen in siblings and characterized by specific disturbances of the nervous system, particularly the autonomic division. Striking features are:

either exaggerated or absent responses to sensory stimuli, peripheral vascular dysfunction which predisposes to hypertension during emotional crises and to hypotension during anesthesia, tendency to bronchopneumonia and atelectasis probably aggravated by a poor swallowing reflex permitting aspiration of vomitus, and poor temperature control with fever. These patients are grave anesthetic risks. In the reported series, severe arterial hypotension or cardiac arrest was associated with the use of thiopental sodium or tribromoethanol (Avertin). Therefore, although no predictably safe method of anesthetic management has yet been worked out, the use of volatile anesthetic agents is strongly suggested if local anesthesia after premedication with chlorpromazine will not suffice. (*Kritchman, M. M., and others: Experiences with General Anesthesia in Patients with Familial Dysautonomia, J. A. M. A. 170: 529 (May 30) 1959.*)

The "Briefs" of Russian Literature were taken from EXERPTA MEDICA'S "Abstracts of Soviet Medicine," which is supplied through the Public Health Service of the National Institute of Health.