esis that if the level is below 26 units the individual is homozygous for abnormally low cholinesterase activity; if between 26–35 the individual is abnormally homozygous or heterozygous; if between 36–60, heterozygous; if between 61–91, heterozygous or normally homozygous; and if above 90, normally homozygous. *(Kaufman, L., Lehmann, H., and Silk, E.: Suxamethonium Apnoea in Infant, Brit. Med. J. 1: 166 (Jan. 16) 1960.)*

POSTOPERATIVE NAUSEA A double-blind study compared 4 antiemetic drugs and a placebo in preventing postoperative nausea and vomiting. A total of 3,454 patients were studied. The incidence of nausea and vomiting in the combined control and placebo group was 17.8 per cent. Cyclizine (Marezine), 50 or 100 mg., reduced this incidence to about 11 per cent. Administration of fluphenazine (Prolixin), promethazine (Phenergan), and trifluprom azine (Vesprin) further significantly reduced this incidence to less than 5 per cent. Administration of trifluprom azine and promethazine significantly prolonged the post-anesthesia sleeping time; however, cyclizine and fluphenazine did not produce this effect. Clinically significant hypotension was found after administration of trifluprom azine, 15 and 30 mg.; this was not seen with administration of up to 8 mg. of fluphenazine or 25 mg. of promethazine. Transitory extrapyramidal symptoms were not seen in any patient in this study, possibly because a residual anesthetic effect prevented such symptoms. However, the authors did observe extrapyramidal symptoms consisting of oculogyric crises after administration of a single dose of 5 mg. of fluphenazine to an ambulant subject. These symptoms responded to appropriate sedative therapy. *(Bellville, J. W., and others: Postoperative Nausea and Vomiting, J. A. M. A. 172: 1488 (April 2) 1960.)*

VIADRIL Anesthesia with Viadril was supplemented with nitrous oxide and a narcotic. Meperidine or Palfium were the narcotics used, and both permitted the dose of Viadril to be reduced as low as 10 mg. per kilogram. Earlier awakening was noted when a narcotic was used than when Viadril alone was used. Palfium is 50 to 100 times more potent than meperidine, both in analgesic power and in respiratory depression. Postoperative hypotension and nausea occurred more often with Palfium than with meperidine. *(Salenius, P., and Hollmen, A.: Comparison of Some Analgesics in Viadril Anaesthesia, Acta chir. scandinav. 118: 379 (April) 1960.)*

NOREPINEPHRINE TOXICITY Continuous norepinephrine infusions administered in various concentrations to dogs resulted in the production of a myocarditis in some. All hearts were examined after a ten-hour period of infusion, earlier if they had been killed by the infusion. The pathological lesions were correlated with dosage rate and blood catecholamine levels. Frequent reports of fatal myocarditis due to continuous norepinephrine infusion cotinue to be reported, and a suggested maximum dose in humans of 0.2 mg./kg./minute is recommended for prolonged infusions. The blood pressure response should not be the only guide even in short term cases, as the therapeutic dose cannot be separated from the toxic dose on this indication. *(Sakacs, J. E., and Mehlman, B.: Pathologic Changes Induced by l-Norepinephrine, Amer. J. Cardiol. 5: 619 (May) 1960.)*

MEGIMIDE ASYSTOLE Because of its analeptic action, Megimide is used for activation in electroencephalography. It may cause moderate hypertension, tachycardia, or bradycardia. In 500 cases, marked tachycardia was noted in 10 per cent, and slowing of the pulse to 42 beats per minute was noted in two patients. With electrocardiographic monitoring, asystole of eight seconds duration was noted in one patient who received an intravenous injection of Megimide 70 mg., or 1.4 mg./kg. body weight. *(Petersen, I., and others: Bradycardia and Asystole on Administration Megimide (β, β, Methyl-ethyl glutarimide) for Electroencephalographic Activation, Electroencephalog. & Clin. Neurophysiol. 12: 497 (May) 1960.)*

PHENOTHIAZINE TOXICITY Complications were neither frequent nor severe in 599 patients treated for 12 weeks with chlorpromazine, trifluprom azine, mepazine, prochlorperazine, and phenobartital. Many ab-