

Vale, R. J.: *Premedication with Atropine by Mouth, Lancet* 2: 1060 (Nov. 12) 1960.)

TRANQUILIZERS Most tranquilizers fall into two groups: the majors and the minors. The majors include the phenothiazines and Rauwolfia derivatives, while the minors can be divided into the substituted diols (Miltown), the diphenylamines (Vistaril), and a miscellaneous group (Trancopal, Librium). The majors produce emotional calmness with relatively little sedation; are capable of producing a reversible extrapyramidal syndrome; can provoke a high incidence of annoying side reactions; produce little dependency or habituation. The minor tranquilizers evoke a type of calmness or relaxation, but not of the same quality as that produced by the major group; do not produce extrapyramidal motor phenomena; exhibit a low incidence of side reactions; and may cause habituation. (Benson, W. M., and Schiele, B. C.: *Current Status of Tranquilizing and Antidepressant Drugs, J. Lancet* 80: 579 (Dec.) 1960.)

ANTIBIOTIC MUSCLE BLOCK The following antibiotics (colistin sulfate, neomycin sulfate, polymyxin A sulfate, polymyxin B sulfate, and viomycin sulfate) produced neuromuscular blockade when tested on sciatic nerve-gastrocnemius muscle preparations of the rabbit. Polymyxin B sulfate was the most active antibiotic being 1.5 times as active as colistin sulfate. Neostigmine methylsulfate antagonized the neuromuscular blockade produced by neomycin sulfate and viomycin but was not as effective an antagonist of the blockade produced by colistin sulfate, polymyxin A sulfate and polymyxin B sulfate. (Adams, R. H., Marshall, F. N., and Long, J. P.: *Neuromuscular Blocking Properties of Various Antibiotics, Proc. Soc. Exp. Biol. Med.* 105: 494 (Dec.) 1960.)

CHLOROFORM The possibility that chloroform might be an anesthetic agent was suggested to James Y. Simpson by David Waldie, an obscure pharmacist. Simpson, in his published account of this new anesthetic, credited Waldie in a footnoted statement. This prompted Waldie to publish, after a number of years, a "restatement" in which he asked for some adequate recognition of his part in

the introduction of chloroform. (Agnew, L. R. C.: *Notes and Events—Waldie versus Simpson, J. Hist. Med. Allied Sci.* 15: 421 (Oct.) 1960.)

GERIATRIC SURGERY The case histories of 126 patients between the ages of 55 years and 79 years who underwent pulmonary operations have been reviewed. There were 9 deaths (7.1 per cent) within the thirty-day postoperative period. Cardiovascular and respiratory problems accounted for 8 of the deaths and produced the majority of non-fatal complications. Respiratory insufficiency and ineffectual cough with retained secretions were the major causes of respiratory difficulties. The use of tracheostomy in many such patients was valuable. Development of a cardiac arrhythmia was a common postoperative complication, especially in the elderly. Treatment with either quinidine or digitalis has been employed successfully. Prophylactic therapy with either drug is not routinely recommended. (Shields, T. W.: *Factors Influencing the Morbidity and Mortality in Older Aged Patient Undergoing Pulmonary Surgery, Surg., Gynec. Obstet.* 111: 598 (Nov.) 1960.)

DILUTIONAL HYPOVOLEMIA Transurethral resection of any form of prostatic obstruction may result in intravascular absorption of irrigating fluid from open venous sinuses. Absorption of large amounts of isotonic nonelectrolyte solutions produces two general types of reaction: (1) increase in the intravascular fluid volume, increasing the intravascular pressure and placing an added burden on an often weakened, aged heart; (2) dilution of the blood with diminution of protein and electrolytes. Clinically, the hazards of excessive fluid absorption lie in heart failure and pulmonary edema during resection, and in hyoelectrolytemic cardiovascular collapse toward the end of the procedure. Three clinical signs herald significant absorption of irrigating fluid: (1) slowing of the pulse, (2) rise in both the systolic and diastolic pressure, and (3) mental agitation of the patient. (Marx, G. F., and others: *Dilutional Hypovolemia During Transurethral Resection of the Prostate, J. A. M. A.* 174: 142 (Dec. 3) 1960.)