

anesthetic performances were at the end of the series of tests and required three to eight minutes to complete, as opposed to 90 seconds to two and a half minutes for the other tests.

Conclusions

Impairment of mental function after prolonged and profound cyclopropane anesthesia can be demonstrated, but it is brief, *i.e.*, of less than a week's duration. Subjective complaints apparently due to cyclopropane anesthesia without operation persisted for one to six days, with an average duration of three days. Results of two objective tests illustrate statistically significant changes in mental performance in the postanesthetic period. These were two of Moran's Psychometric Measure Tests: Number Facility and Visualization. Results of the Nelson-Denny Test for reading speed suggested a postanesthetic reduction in reading speed. Other psychological tests did not prove useful in identifying objective evidence of mental impairment in the first few postanesthetic days.

The author has the permission of Professor Moran to reproduce his tests.

References

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Drugs

CNS DEPRESSANTS Single therapeutic doses of pentobarbital, meprobamate, and tybamate were given to normal volunteers. There was relatively poor correlation between blood levels of the drugs and clinical symptoms measured simultaneously. This may be related to the difficulty of measuring effects in normal men who are influenced by social and personal factors more strongly than by small doses of central nervous system depressants. (*Hollister, L. E., and Clyde, D. J.: Blood Levels of Pentobarbital Sodium, Meprobamate, and Tybamate in Relation to Clinical Effects, Clin. Pharmacol. Therap.* 9: 204 (March) 1968.)

NONNARCOTIC ANALGESIC Methotrimeprazine (Levoprome) is an effective nonnarcotic analgesic administered only by intramuscular injection. This drug is about half as potent as morphine on a milligram basis and appears to cause less respiratory depression. However, because it may produce profound orthostatic hypotension and marked sedation, the use of methotrimeprazine is limited to non-ambulatory patients. The use of a vasopressor such as levarterenol bitartrate may be indicated to counteract the hypotensive effect. Epinephrine should never be used in this situation because methotrimeprazine may reverse its action and produce profound hypotension. (*A.M.A. Council on Drugs: A Nonnarcotic Analgesic Agent, Methotrimeprazine (Levoprome), J.A.M.A.* 204: 161 (April) 1968.)