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### Drugs

**PSEUDOCHOLINESTERASE** Ten patients, ranging in age from 16 to 61 years, were given cyclophosphamide (Cytoxan) at a dose of 25 mg per kg, intravenously. One day after the infusion of the drug the pseudocholinesterase level of the serum was reduced to an average of 33 per cent of normal. By the third day the enzyme level was still reduced by 50 per cent. Eight days after the infusion the enzyme level had reached about 75 per cent of normal. The period of apnea following injection of succinylcholine, 1 mg per kg, was markedly prolonged in these patients as long as the enzyme levels were depressed. Conceivably, true cholinergic reactions can also occur, resulting in excessive formation of secretions, bradycardia and cardiac arrest. Patients on medication with cytotoxic drugs should undergo at least a gross test for pseudocholinesterase level before surgery. The mode of action of cyclophosphamide is apparently analogous to the action of other alkylphosphates. (Priesching, A., Seidl, H., and Steinbreitlner, K.: *Cyclophosphamide (Endoxan) and Pseudocholinesterase—Clinical-Experimental Studies*, *Wien. Klin. Wschr.* 79: 238 (March) 1967.)

**VITAMIN K<sub>1</sub>** Vitamin K<sub>1</sub> was given to six volunteers 24 hours before, 48 hours before, 48 hours after, and simultaneously with, 40 mg of warfarin. Coagulation was restored most uniformly, or least disturbed, when vitamin K<sub>1</sub> preceded warfarin, and the greatest variation in response occurred when it was given 48 hours after warfarin. (Zieve, P. D., and Solomon, H. M.: *Variation in the Response of Human Beings to Vitamin K<sub>1</sub>*, *J. Lab. Clin. Med.* 73: 103 (Jan.) 1969.)

**STEROIDS AND ASTHMA** Although the eosinopenic potency of glucocorticoids is well correlated with antiasthmatic and anti-inflammatory effectiveness, the eosinopenic response to 40 mg of cortisol given intravenously was depressed in steroid-resistant asthmatics. In addition, the cortisol turnover was rapid in these patients. Asthma requiring unusually large doses of steroid for control may be associated with a decreased eosinopenic response to cortisol and an accelerated plasma cortisol clearance. (Schwartz, H. J., Lowell, F. C., and Melby, J. C.: *Steroid Resistance in Bronchial Asthma*, *Ann. Int. Med.* 69: 493 (Sept.) 1968.)