canal for distances exceeding 5 cm without curling required a catheter–stylet unit. This concept is supported by our findings in the lumbar region, but the same conclusion does not hold for the thoracic region. As shown in table 1, when an attempt was made to pass a catheter in a cephalad direction, about 99.5 per cent failed to pass beyond three segments in the lumbar region, but the catheter went beyond nine segments in the thoracic region. This is a favorable outcome, because puncture in the midthoracic region is difficult, owing to the obliquity and overlap of the vertebral spines and laminae. Although the reason for the differences between the two groups is not clear, it may be partially the result of the angle of insertion of the needle. In the lumbar region, a catheter thrust through the Huber-point needle impinges on the dura or other structures at a right angle, with little chance of passing further in a cephalad direction. In contrast, the fact that in the thoracic region the catheter is thrust through the needle parallel to the epidural canal may be a logical explanation for these differences.

The authors thank Professor Leroy D. Vandam for reading the manuscript. The kind advice of Dr. M. Hyodo is gratefully acknowledged. The authors also thank Dr. T. Kiba for the supply of Becton–Dickinson polyvinyl catheters.

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Drugs

DIGITALIS The chronotropic effect of digitalis on denervated *in-situ* mammalian hearts was studied. When both the vagi and sympathetic nerves were cut, digitalis had no effect upon sinus rate. When either nerve was intact, digitalis caused some sinus slowing. This suggests that cardiac glycosides do not have a direct negative chronotropic effect and that the sinus slowing caused by cardiac glycosides may be mediated by alteration of the neural control of the heart. (*Ten Eick, R. E., and others: Chronotropic Effect of Cardiac Glycosides in Cats, Dogs, and Rabbits, Circ. Res. 25: 365 (Oct.) 1969.*)

DRUG-INDUCED HEPATIC INJURY A 37-year-old hypertensive man evidenced signs of hepatic injury while receiving *l*-alpha-methyldopa (Aldomet). Bilirubin, alkaline phosphatase and SGOT values were increased and biopsy of the liver showed diffuse cellular injury and necrosis. Liver-function tests returned to normal following discontinuance of the drug but hepatic injury recurred three weeks after resumption of Aldomet. The hepatic disease following Aldomet may closely resemble that seen with viral hepatitis. Although the course is usually benign and reversible, massive hepatic necrosis has been reported. The hepatic injury associated with Aldomet usually begins during the first three months of therapy and resembles the pattern seen with hypersensitivity reactions in that: the incidence is low but variable; the latent period is variable; dosage level is irrelevant; it may be associated with eosinophilia or a positive direct Coombs test. SGOT should be checked periodically in patients receiving Aldomet. (*Elkington, S. G., and others: Hepatic Injury Caused by L-Alpha-Methyldopa, Circulation 40: 589 (Oct.) 1969.*)