

acid-base composition,<sup>18, 19</sup> and the dissociation between arterial and extracellular  $/H^+/\bar{v}$ , as shown here, offers a valid excuse for the lack of such correlation.  $/H^+/\bar{v}$  in all our bled animals fatally shocked exceeded 65  $\mu\text{Eq/l}$ , while remaining below 60  $\mu\text{Eq/l}$  in all those which remained alive during the period of observation. On the other hand, the administration of tris buffer, known to correct intracellular acidosis, fails to improve survival rate in hemorrhagic shock,<sup>20, 21</sup> and extracellular acidosis of comparable severity (although of shorter duration) may occur in exercise.<sup>22</sup> Consequently, our experiments should not be interpreted as suggesting that extracellular acidosis is causally related to irreversibility, but  $/H^+/\bar{v}$  does appear to have a closer relationship to prognosis than  $/H^+/\bar{A}$ .

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### Drugs

**PENTAZOCINE ANALGESIA** In a double-blind assay, *d*-pentazocine was compared with *l*-pentazocine given principally for postoperative pain. It appears that analgesia resides principally in the *l*-isomer. (Forrest, W. H., Jr., and others: *Analgesic and Other Effects of the d- and l-Isomers of Pentazocine*, *Clin. Pharmacol. Ther.* 10: 468 (July) 1969.)