

15. Helander E: Fat content of skeletal muscular tissue. *Acta Morph Neerl Scand* 2:230-254, 1959
16. Epstein RM, Rackow H, Salanitro E, *et al.*: Influence of the concentration effect on the uptake of anesthetic mixtures: The second gas effect. *ANESTHESIOLOGY* 25:364-371, 1964
17. Eger EI II, Smith NT, Stoelting RK, *et al.*: Cardiovascular effects of halothane in man. *ANESTHESIOLOGY* 32:396-409, 1970
18. Ashman MN, Blesser WB, Epstein RM: A nonlinear model for the uptake and distribution of halothane in man. *ANESTHESIOLOGY* 33:419-429, 1970
19. Eger EI II, Babad AA, Regan MJ, *et al.*: Delayed approach of arterial to alveolar nitrous oxide partial pressures in dog and man. *ANESTHESIOLOGY* 27:288-297, 1966
20. Eger EI II, Severinghaus JW: Effect of uneven pulmonary distribution of blood and gas on induction with inhalation anesthetics. *ANESTHESIOLOGY* 25:620-626, 1964
21. Sawyer DC, Eger EI II, Bahlman SH, *et al.*: Concentration dependence of hepatic halothane metabolism. *ANESTHESIOLOGY* 34:230-235, 1971
22. Gregory CA, Eger EI II, Munson ES: The relationship between age and halothane requirement in man. *ANESTHESIOLOGY* 30:488-491, 1969

Drugs

L-DOPA IN PARKINSONISM L-dopa (L-desoxyphenylalanine) is being used with increasing frequency for the treatment of parkinsonism. The present study attempted to define some of the cardiovascular effects of this drug in animals and man. It appears that the effects of L-dopa are in fact similar to those of dopamine, the decarboxylated L-dopa. These effects include alpha- and beta-adrenergic stimulation, which result in improved myocardial contraction, arterial hypertension, tachycardia, and sometimes ventricular arrhythmias.

Most of the undesirable side-effects of L-dopa can be treated or prevented with alpha- and beta-adrenergic blocking agents, *e.g.*, propranolol and phentolamine. Because of the risk of inducing arrhythmias in patients with myocardial irritability or ischemia, it is suggested that L-dopa be administered under electrocardiographic control. Since an increased tolerance to L-dopa is known to occur, the authors suggest that in the presence of myocardial disease therapy be started with a small dose, which is gradually increased over a long period of time. The occasional orthostatic hypotension seen after administration of L-dopa is secondary to its vasodilating effect on the renal and mesenteric vascular beds. (Goldberg, L. I., and others: *Cardiovascular Effects of Levodopa*, *Clin. Pharmacol. Ther.* 12: 376-382, 1971.)