

**HYPOXIA** Injection of acetylcholine into the pulmonary artery caused a greater fall in pulmonary artery pressures of hypoxic subjects than in those breathing ambient air. Acetylcholine causes vasodilatation in the lungs and this action is greater when pulmonary hypertension has been produced by hypoxia. (*Harris, P., and others: Influence of Acetylcholine on Human Pulmonary Circulation Under Normal and Hypoxic Conditions, Proc. Soc. Exper. Biol. & Med. 93: 77 (Oct.) 1956.*)

**ANALGESIA** Structurally Numorphan differs from dihydromorphinone by the addition of a hydroxyl group at the 14-position. Its analgesic properties are fifteen times those of morphine and two and one-half times those of dihydromorphinone, while its toxicity is only one and one-half times that of morphine and three-tenths that of dihydromorphinone. Therapeutic indexes were as follows: morphine, 125; dihydromorphinone, 160; and Numorphan, 1,370. The dose for preoperative medication was 1 mg. (*Coblentz, A., and Bierman, H. R.: Analgesic Properties of Numorphan, New England J. Med. 255: 694 (Oct. 11) 1956.*)

**FLUOTHANE** Satisfactory surgical anesthesia was produced by inhalation of 1 per cent to 3 per cent Fluothane, a non-explosive halogenated hydrocarbon. Administration by open drop technique or by inhaler, resulted in moderate depression of respiration and circulation. Induction and recovery were both prompt and without serious sequelae. (*Bryce-Smith, R., and O'Brien, H. D.: Fluothane: a Non-Explosive Volatile Anaesthetic Agent, Brit. M. J. 2: 969 (Oct. 27) 1956.*)

**APNEA** Four patients under diethyl ether anesthesia for abdominal operations ceased to breathe within twenty minutes after instillation of a dilute solution of neomycin in the peritoneum. The two adults were revived after three and 24 hours, respectively, of artificial respiration. The two infants succumbed in spite of prolonged supportive therapy. (*Pridgen, J. E.: Respiratory Arrest Thought to be Due to Intraperitoneal Neomycin, Surgery 40: 571 (Sept.) 1956.*) Some instances of unexplained prolonged apnea following curare administration may well

have been due to parenteral neomycin therapy.—EDITOR.

**NALORPHINE** Nalorphine is more effective in preventing respiratory depression than in preventing convulsions following otherwise lethal doses of narcotics. A combination of nalorphine and phenobarbital was more successful in preventing both respiratory depression and convulsions. In a species of animal receiving a narcotic that did not cause convulsions, nalorphine alone was sufficient. (*Winter, C. A., and Flattaker, L.: Effect of N-Allylnormorphine Upon Massive Doses of Narcotic Drugs, Proc. Soc. Exper. Biol. & Med. 93: 158 (Oct.) 1956.*)

**NEOSTIGMINE** Six elderly, debilitated patients with intestinal ileus received antidepolarizing curare drugs in average doses, but failed to respond to neostigmine or edrophonium therapy. All continued with depressed respiration until, in spite of adequate assistance of the breathing, death from circulatory failure ensued some six to eight hours after the end of the operation. (*Hunter, A. R.: Neostigmine-Resistant Curarization, Brit. M. J. 2: 919 (Oct. 20) 1956.*)

**ADRENOCORTICOLYSIS** Tetrachlorodiphenylethane is adrenocorticolytic in the dog, as determined by the response of the adrenal cortex to various tests of adrenal cortical function, including eosinophil response to adrenocorticotropin, insulin sensitivity, steroid content of urine and plasma, salt loading, histologic staining of the adrenal and gross physical observation. (*Brown, J. H. V., and others: Physiologic Activity of Adrenocorticolytic Drug in Adult Dog, Metabolism 5: 594 (Oct.) 1956.*)

**LEVALLORPHAN** In chronically injected rabbits, the inclusion of levallorphan with levorphan in a 5:1 ratio delayed the onset of tolerance to the tooth pulp response as compared to levorphan alone. No evidence of tolerance to respiratory depressant effects was noted after 21 consecutive days of treatment with levorphan, levallorphan, or a 5:1 mixture. (*Yim, G. K. W., Keasling, H. H., and Gross, E. G.: Simultaneous Respiratory Minute Volume and Tooth Pulp Threshold Changes Fol-*