(Phenergan), meperidine, chlorpromazine, and scopolamine or atropine, the subjective response was satisfactory in 91 per cent of patients. The objective response was judged to be good in 81 per cent. No respiratory depression occurred, but moderately severe hypotension was a complication in 28 per cent of the patients who received chlorpromazine, but in only 7 per cent who received combinations without chlorpromazine. Promethazine in combination with meperidine and atropine was considered the premedication of choice for aged patients. (*Weiss, W. A., and McGee, J. P., Jr.: Promethazine, Adjunct to Preoperative Medication, Ann. Surg. 144: 861 (Nov.) 1956.*)

ATARACTICS Emphasis is given to pharmacologic studies of the ataractics, commonly known as the "tranquilizers" (reserpine, meprobromate, chlorpromazine and promazine) and their primary action on the subcortical areas of the brain. These drugs do not reduce the consumption of cerebral oxygen and, accordingly, differ from the barbiturates and other hypnotics. The latter are chiefly at cortical levels. Most of the pertinent clinical effects (body temperature, metabolic rate, blood pressure, pulse rate, etc.) of various tranquilizing agents are concisely presented in table form for quick and easy reference. While no specific reference is made, there is an implied and significant danger of misuse of these drugs in the patient to be anesthetized. (*Fazekas, J. F., Shea, J. G., and Sullivan, P. D.: Ataractics in Medical Practice, GP 14: 75 (Dec.) 1956.*)

CORTISONE Prolonged use of cortisone causes adrenal suppression which can result in serious hypotension or death if the condition is not recognized and treated with exogenous cortisone. (*Friend, A. W.: Preventing Trouble with Cortisone During Anesthesia and Surgery, Postgrad. Med. 21: 163 (Feb.) 1957.*)

MYOCARDIAL INFARCTION Case reports and review of literature indicate that cortisone and hydrocortisone are effective in the treatment of Stokes-Adams syndrome. In individuals with a complete A-V conduction block following septal myocardial infarct, cortisone administration resulted in prompt return of regular sinus rhythm. Two basic mechanisms postulated for cortisone effect are an intrinsic increase in rate of A-V conduction and a decrease in the inflammatory response in the septal myocardium. (*Phelps, M.D., and Lindsay, J. D.: Cortisone in Stokes-Adams Disease Secondary to Myocardial Infarction, Report of Case, New England J. Med. 256: 204 (Jan. 31) 1957.*)

PREDNISONE Over 1,000,000 individuals have received prednisone since its introduction approximately 2 years ago. These figures indicate that the number of individuals receiving steroid replacement therapy is significantly high. (*Bonner, C. D., and Homburger, F.: Toxic Dermatitis Associated with Prednisone Therapy, New England J. Med. 256: 131 (Jan. 17) 1957.*) [This indicates that secondary adrenal cortical atrophy and hypofunction will be increasingly common in the surgical patient of the future.—Editor.]

OXYGEN AVAILABILITY Using a polarographic technique, the oxygen availability to the cathode reflects brain oxygen availability in dogs. In normothermic animals availability drops to 70 per cent below normal when the inferior and superior venae cavae are occluded with the azygos vein intact. This is similar to the results obtained when the animal breathes 10.27 per cent oxygen. In hypothermia with circulatory occlusion, the oxygen availability falls to 86 per cent below normal. (*Kaplan, S., and others: Oxygen Availability to Brain During Inflow Occlusion of Heart in Normothermia and Hypothermia, J. Thoracic Surg. 32: 576 (Nov.) 1956.*)

ELECTROENCEPHALOGRAM Necrosis about the sites of implantation of copper and silver electrodes was demonstrated histologically in cat brain tissue. Silver and copper were found to be unsuitable electrode materials for recording from cortex, due to the histotoxic effects of copper and silver salts. Stainless steel electrodes or stainless steel electrodes coated with polyethylene are chemically inert and no destruction of brain tissue resulted from implantation. Lesions were limited to the extent of mechanical trauma. (*Fischer, G., Sayre, G. P., and Bickford, R. G.: Histologic Changes in Cat Brain After Introduc-*