

result that induction was smoother, recovery more rapid and the postanesthetic drowsiness and confusion were absent. (Henderson, A. G., and Mackett, J.: *Buthalitone Sodium in Out-Patient Anesthesia*, Brit. M. J. 1: 1095 (May 11) 1957.)

**MORPHINE** Thirteen patients who had a cholecystectomy and T-tube drainage were studied by cholangiography, with and without morphine medication. The effect of morphine on the biliary tree and sphincter of Oddi was unpredictable. The fibers of the autonomic nervous system supplying the musculature of the common duct and sphincter of Oddi may be removed by cholecystectomy. (Thomas, W. P., Erickson, V., and McCort, J. J.: *Effect of Morphine Sulfate on Common Bile Duct; Clinical Study*, Am. J. Med. Sc. 233: 87 (Jan.) 1957.)

**CONTROLLABLE APNEA** Prolonged apnea is induced in patients anesthetized with thiopental-nitrous oxide by intravenous administration of alphaprodine. Spontaneous respiratory activity is re-established by levallorphan. (Foldes, F. F.: *Narcotic Induced Controllable Apnea*, Am. J. Med. Sc. 233: 1 (Jan.) 1957.)

**NALORPHINE** The subjective effects of 10 mg. nalorphine and of 15 mg. morphine were compared in the same and different groups of patients. Nalorphine produced all the subjective effects of morphine, but in addition produced sweating, paresthesias, and mental changes described as sensations of unreality. Sedation was more frequent and more intense after nalorphine, but the subjective effects of nalorphine were more unpleasant than those of morphine. (Keats, A. S., and Telford, J.: *Subjective Effects of Nalorphine in Hospitalized Patients*, J. Pharmacol. & Exper. Therap. 119: 370 (March) 1957.)

**SYNTHETIC ANALGESIC** A new analgesic, differs from morphine and meperidine, chemically by its structure, pharmacologically by a more potent analgesic effect and a lesser toxicity (experimental evidence), clinically by a

marked pain-relieving effect without hypnosis and a definite antitussive action. It has no effect upon the electroencephalogram and is antagonized by N-allylnormorphine. (David, M., and Deligné, P.: *New Synthetic Analgesic: R 857 or 2-2 Diphenyl-3 Methyl-4 Morpholine-Butyryl-Pyrrolidine; Pharmacological Considerations on its Use in Neurosurgery*, Presse Méd. 65: 731 (April 20) 1957.)

**DIGITALIS TOLERANCE TEST** A precise inverse quantitative, linear relationship exists between calcium and digitalis producing electrocardiographic end points. Increasing increments of 10 per cent calcium gluconate are given intravenously until the end point is reached and a rapidly acting calculated therapeutic dose of digitalis can be given safely at the termination of the test avoiding digitalis toxicity. (Nalbandian, R. M., and others: *New Quantitative Digitalis Tolerance Test Based Upon Synergism of Calcium and Digitalis*, Am. J. Med. Sc. 233: 503 (May) 1957.)

**RELAXANTS** Data on the effects of neuromuscular blocking agents on central breathing mechanisms were obtained from 17 cross circulation experiments in dogs. Succinylcholine, decamethonium, and d-tubocurarine were studied. The data recorded clearly show that these relaxant drugs have no effect upon central respiratory function when administered in doses large enough to produce prolonged neuromuscular block. Apnea appears after relaxants solely from a peripheral action of the drugs. (Irwin, R. L., and Wells, J. B.: *Respiratory Activity of Certain Neuromuscular Blocking Compounds; Direct Peripheral and Central Comparison*, J. Pharmacol. & Exper. Therap. 119: 329 (March) 1957.)

**MEPHENTERMINE** The effect of mephentermine (Wyamine) on cerebral metabolism and circulation was measured in 11 normal human volunteers by the method of Kety and Schmidt. Cerebral metabolism was increased whereas cerebral blood flow and vascular resistance were unchanged. The mechanism of the increase in oxygen utilization is unknown. (Richardson, D. W., Ferguson, R. W., and

*Patterson, J. L.: Effects of Mephentermine on Cerebral Metabolism and Circulation, J. Pharmacol. & Exper. Therap. 119: 219 (Feb.) 1957.*

**METHOXAMINE** Administration of methoxamine to 7 normal human subjects caused significant depression of glomerular filtration rate, renal plasma flow, increase in renal vascular resistance, decrease of urinary volume and sodium excretion. In the initial treatment of hypotensive emergencies, pressor amines causing less renal vasoconstriction than methoxamine for a given blood pressure rise are recommended (Aramine, phenylephrine or norepinephrine). (*Mills, L. C., and Moyer, J. H.: Methoxamine: Effect on Blood Pressure and Renal Hemodynamics, Am. J. Med. Sc. 233: 409 (April) 1957.*)

**METARAMINOL** Oral doses of metaraminol, five to six times the amount necessary with subcutaneous and intramuscular injection, were found to be "practical, effective and safe." Previous studies have shown favorable results with metaraminol in the treatment of patients with shock and hypotension so that this agent is now the pressor amine of choice at the University of Minnesota Hospital. (*West, M. H.: Clinical Studies on Vasopressor Agent: Metaraminol (Aramine), Am. J. Med. Sc. 233: 367 (April) 1957.*)

**OBSTETRIC ANESTHESIA** When competent physician anesthetists are willing to render twenty-four hour coverage in the obstetrical department, such service is readily and willingly accepted by patients and obstetricians. Regional anesthesia, particularly continuous caudal and lumbar epidural blocks, tends to become the choice of both patient and obstetrician. (*Lindstrom, D., and Moore, D. C.: Trends in Obstetrical Anesthesia Following Acceptance of Twenty-Four Hour Physician Anesthesia Service, Western J. Surg. 65: 63 (March-April) 1957.*)

**POSTPARTUM ANALGESIA** Dihydrohydroxycodone (Percodan), given to 143 postpartum patients with moderate

pain, was found significantly more effective than control administration of either codeine or placebos. (*Bonica, J. J., Hadfield, D., and Bennett, B.: Management of Postpartum Pain with Dihydrohydroxycodone (Percodan), West. J. Surg. 65: 84 (March-April) 1957.*)

**REGURGITATION** Since intrathoracic pressure is negative, and intra-abdominal is positive, a pressure gradient normally exists across the esophagogastric junction favoring regurgitation. This is normally prevented by a flap-valve action of the upper lip of the cardiac orifice (probably not by an intrinsic sphincter or pinch-cock action of the diaphragm). Regurgitation may occur when support of the hiatus and phreno-esophageal ligament relaxes, or when normal anatomic relationships of adjacent viscera are disturbed. (*Mustard, R. A.: Reflux Oesophagitis, Canad. M. A. J. 76: 811 (May 15) 1957.*)

**LIABILITY OF HOSPITALS FOR NEGLIGENCE** In some states a public hospital existing for governmental purposes and exercising governmental functions is not liable for the negligence of its employees. On the other hand, private hospitals—not charitable institutions—are generally held liable for damage for injuries resulting from their own negligence, as well as that of their agents, servants and employees. (*Garber, L. O., and Tyree, M. J.: Special Report: Liability of Hospitals for Negligence, Mod. Hosp. 88: 84 (May) 1957.*)

**ACCEPTANCE OF AUTHORITY** For every self-reliant individual with confidence in his own judgment, there are three others who can be swayed to a greater or lesser extent purely by the statements of others even though these may be patently false. This fact is significant in considering why so many individuals do not think, do not recognize fundamental principles, and are so willing "to discard the evidence of their own observation in favor of what is labeled as the word of authority." (*Northwest Med. 56: 419 (April) 1957.*)

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