Studies, Ann. Surg. 146: 542 (Oct.) 1957.)

ALGESIMETRY Studies show that no accurate methods yet exist for pain measurement or the evaluation of analgesics. Even the use of the double-blind technique fails to give a complete answer. An urgent need exists for broad and sweeping improvement in our techniques of algesimetry. *(Editorial: Measuring Pain, Canad, M. A. J. 77: 966 (Nov. 15) 1957.)*

MORPHINE AND N-ALLYLNORMORPHINE When used separately there are similarities and differences in the actions of these two drugs. N-Allylnormorphine when used after morphine produces a different physiological response than when used alone. Competitive antagonism at receptor sites gives only a partial explanation for the observations. It is suggested that these drugs may act upon different receptor sites or upon receptor sites with varying affinities rather than by competitive antagonism for the same receptor sites. *(Huggins, R. A., and others: Respiratory Functions in Man Following Intravenous Administration of Morphine, N-Allylnormorphine, and N-Allylnormorphine after Morphine. Arch. internat. pharmacodyn. 111: 275 (Aug.) 1957.)*

POTENTIATION Experiments in mice confirm that there exists a potentiating effect by neostigmine (a reversible cholinesterase inhibitor) on the toxic and analgesic actions of morphine and show that there is no potentiation of effect between morphine and tetraethylpyrophosphate (an irreversible cholinesterase inhibitor). Likewise, levallorphan is potentiated by neostigmine, but not by tetraethylpyrophosphate. It is suggested that the mechanism of potentiation of the actions of morphine by neostigmine is not due to the inhibition of cholinesterase but rather due to its acetylcholine-like properties. *(Szerb, J. C.: Interaction of Cholinesterase Inhibitors with Morphine and Levallorphan. Arch. internat. pharmacodyn. 111: 314 (Aug.) 1957.)*

PREDNISONE IN HEART FAILURE Eleven patients in congestive heart failure requiring maintenance digitalis therapy were given prednisone orally in doses of 20 to 40 mg. daily. There was increased sodium and potassium excretion, decreased 17-ketosteroid output, essentially no change in weight and an amelioration of the cardiac status. It is concluded that prednisone may safely be given to patients in congestive heart failure. *(Gutner, L. B., and others: The Use of Prednisone in Congestive Heart Failure, Am. J. M. Sc. 234: 231 (Sept.) 1957.)*

HYPERHEPARINEMIA Hyperheparinemia is a rare but distinct entity. One patient had a history of bleeding manifest almost exclusively after operations and trauma with a heparin content so high that no coagulation occurred. Prophylactic treatment with cortisone and fresh frozen plasma permitted dental extractions without abnormal bleeding. *(Quick, A. J., and Hussey, C. V.: Hyperheparinemia: Report of Case, Am. J. M. Sc. 234: 251 (Sept.) 1957.)*

ADRENAL STEROIDS The effect of adrenal steroids on electrolyte metabolism and renal function in adrenal insufficiency must be differentiated from their effect on the normal or hyperfunctioning adrenal gland. The available data suggests that in adrenal insufficiency, desoxycorticosterone acetate exercises a considerable and fairly consistent effect on electrolyte and water exchange, partly by increasing the tubular reabsorption of sodium. The effects of cortisone are less consistent, but it usually increases glomerular filtration and alters the resorptive capacity of the distal segment of the tubules for water. In the intact subject, both cortisone and desoxycorticosterone will cause an increase in the extracellular fluid compartment, in part due to a shift of fluid and sodium from the cell outward. The expanded extracellular space will contract spontaneously with the prolonged administration of these agents. In the presence of Cushing's syndrome, this mechanism is enhanced and may become promptly operative upon exogenous administration of the