steroid. (*Soffer, L. J. and others: Role of Adrenal Steroids on Renal Function and Electrolyte Metabolism, Bull. New York Acad. Med. 33: 665 (Oct.) 1957.*)

HYDROCORTISONE IN SHOCK Utilizing a standard technique for producing irreversible hemorrhagic shock, 3 groups of dogs were studied. Six dogs were untreated, 11 were given terramycin preoperatively, and 9 were given terramycin and treated with hydrocortisone. The latter drug had no value in treating irreversible hemorrhagic shock. (*Knapp, R. W., and others: Studies on the Effect of Hydrocortisone on Irreversible Hemorrhagic Shock in the Dog, Surgery 42: 919 (Nov.) 1957.*)

ALDOSTERONE An increase in aldosterone excretion is observed after ACTH administration, decreased sodium intake, sodium loss by diuresis or sweating, potassium loading, and a reduction in body fluid volume. A decrease in aldosterone excretion can be demonstrated following sodium loading and an expansion of body fluid volume. (*Venning, E.H., and others: Factors Affecting Aldosterone Excretion, Canad. M. A. J. 77: 773 (Oct. 15) 1957.*)

ALDOSTERONE Aldosterone has been reported to maintain blood vessel response to adrenalin and histamine in adrenalectomized cats. In rats, long-continued administration produced a hypertension which appeared to be an experimental counterpart of human essential hypertension. (*Gornall, A. G.: Effects of Aldosterone and Some Clinical Implications, Canad. M. A. J. 77: 777 (Oct. 15) 1957.*)

PHEOCHROMOCYTOMA Surgical removal of a pheochromocytoma may precipitate crises owing to (1) release of epinephrine or norepinephrine, (2) insufficiency of functioning adrenal tissue, or (3) pneumothorax. Hypoxia, which stimulates adrenal medullary secretions, must be avoided, as must agents which produce ventricular arrhythmias in the presence of epinephrine (as cyclopropane). Preoperative adrenergic blockade should be established with at least 5 mg. phentalamine (Regitine); this drug is also used during surgery to control precipitous hypertension. Acute hypotension following removal of the tumor requires norepinephrine. In case previously administered Regitine prevents its action, neosynephrine should be available. Pitressin in doses of 0.5 to 1.0 mg. may have to be resorted to, since adrenergic blockade does not influence the vasoconstrictor action of this drug. (*Watkins, D. B.: Pheochromocytoma: Review of Literature, J. Chronic Dis. 6: 510 (Nov.) 1957.*)

ATARAXICS The comparison of the pharmacological properties of tranquilizers permits their division into distinct groups: (1) the autonomic suppressants or tranquilizers in the narrower sense of the word comprising the phenothiazines, reserpine, and the diphenylmethanes and (2) the central relaxants, composed of meprobamate, mephenesin, and related compounds. The autonomic suppressants are so named because of their antagonism to acetylcholine, histamine, and serotonin. They share many pharmacological properties with atropine, scopolamine and the antihistaminics, and may act by stimulating the hypothalamus. Like atropine and scopolamine, they produce a sleep pattern in the electroencephalogram without necessarily producing sleep, and block avoidance and conditioned reflexes. Like antihistamines, they prolong barbiturate anesthesia, increase the hyperexcitability produced by strychnine, and lower the electroconvulsive threshold. In normal human beings, they often produce a state of withdrawal and apathy. The central relaxants, on the other hand, do not affect autonomic functions. They prolong barbiturate anesthesia only in large doses. Strychnine hyperexcitability is counteracted. Normal human beings have no somatic or mental changes. The central relaxants produce, however, a marked relaxation of spastic muscles and hyperexcitable multineuronal reflexes. Therefore, persons under anxiety or tension observe a diminution of their symptoms. (*Berger, F. M.: Chemistry and Mode of Action of Tranquilizing Drugs, Ann. New York Acad. Sc. 67: 685 (May) 1957.*)