

With the exception of Antistine, all the antihistamines had an anesthetic potency greater than procaine but less than dibucaine or tetracaine. A high degree of relative selectivity of antihistamines to produce cutaneous anesthesia at lower concentrations than they produced corneal anesthesia was in contrast with the narrow selectivity of anesthetics, with the exception of procaine which in this sense acts like the antihistamines. (Naranjo, P., and Naranjo, E. B.: *Local Anesthetic Activity of Some Antihistamines and Its Relationship with Antihistaminic and Anticholinergic Activities*, Arch. internat. pharmacodyn. 113: 311 (Jan.) 1958.)

Pertinent information is the unpublished report by Dr. W. P. Kleitsch, Veterans Hospital, Omaha, Neb., concerning the use of tripeleannamine (Pyrribenzamine) as a topical anesthetic agent. Over a four year period Doctor Kleitsch used a solution of 2 per cent tripeleannamine and 0.5 per cent tetracaine to produce satisfactory topical anesthesia for 455 peroral endoscopic procedures. Five cc. of the mixture on sponges to the pyriform sinuses and 5 cc. instilled into the trachea produced more satisfactory anesthesia than that following 1 per cent tetracaine and produced less toxicity than that resulting from the use of either 2 per cent tetracaine or 10 per cent cocaine.—Editor.

**NOREPINEPHRINE** The effect of bleeding and *l*-norepinephrine on the oxygen tension in the myocardium was studied. In 19 dogs tension of oxygen decreased as the bleeding progressed. The average drop was 39 per cent of the control value. When the blood pressure was restored to normal with *l*-norepinephrine, the oxygen tension returned to normal or above. When the infusion was stopped, the blood pressure and oxygen tension decreased. Transfusion of blood also restored the blood pressure and oxygen tension. Evidence is submitted that effective alteration of survival rates can be accomplished with *l*-norepinephrine if the infusion is begun within 5 minutes after hypotension develops. This suggests that ischemia of vital organs cannot be prolonged if the animal is to survive. (Simeone, F., and others: *Effect of l-Norepinephrine upon Myocardial Oxygen Tension and Survival*

*in Acute Hemorrhagic Hypotension*, Surgery 41: 168 (July) 1958.)

**ADRENOSEM** Because of hemostatic properties attributed to this drug, it was evaluated during pulmonary surgery using the double blind technique. Rumpel-Leede Tests, bleeding times and evaluation of bleeding and oozing indicate that adreno-sem has no effect in reducing small vessel bleeding in pulmonary surgery. Casual clinical observation cannot be regarded as a reliable method of drug evaluation. (Marcus, A. J., and Spaet, T. H.: *Ineffectiveness of Adrenosem in Pulmonary Surgery*, J. of Thoracic Surg. 35: 821 (June) 1958.)

**ANALEPTICS** Megimide appears to increase tolerance to alcohol. Eyelid flickering, muscle twitches, anxiety, dizziness and feelings of dissociation were reported in two normal volunteers. Focal electroencephalographic discharges occurred but not from a local brain area as in epileptics. (Margerison, J. H.: *Effect of Bemegride (Megimide) on Normal People*, Electroencephalog. & Clin. Neurophysiol. 18: 541 (Aug.) 1958.)

**BRONCHOSPASM** The effect of histamine on the human bronchiole was to produce edema with narrowing of the lumen. Adrenalin caused widening of the lumen. In neither instance was there a change in bronchiole size. Nerves and drugs have little effect on the bronchiolar musculature whose function is the maintenance of tone. Probably bronchiolar caliber is determined by the pleural pressure. Clinical bronchospasm bears little relation to intrinsic bronchial musculature and is probably due to edema or mechanical block of the lumina. (Gillilan, R. R.: *Clinical Studies on Bronchospasm*, J. Thoracic Surg. 36: 63 (July) 1958.)

**DRUG SYNERGISM** A clinical double blind study using morphine and papaverine alternately showed that morphine was a more effective analgesic following papaverine than when preceding it. The mode of action of this synergism was discussed together with errors in results of other clinical trials due to possible drug interaction. (Macris, S. G., and others: *Papa-*