pattern of arousal. In the experiments reported, atropine is shown to similarly block the electrocortical effects of adrenergic and cholinergic drugs. Atropine can induce an electroencephalographic picture of sleep without concomitant behavioral signs in the rabbit. This suggests that there is little correlation between electroencephalographic patterns and behavior. They also indicate that an electroencephalographic arousal pattern is not necessary for consciousness. (*White, R. P., and Daigneault, E. A.: Antagonism of Atropine to Electroencephalographic Effects of Adrenergic Drugs, J. Pharmacol. & Exper. Therap. 125: 339 (April) 1959.*)

MORPHINE Eighty-five nonaddict, nonpatient, adult male college and graduate students received a dose of 10 mg. of morphine per 70 kilograms of body weight, or 1 ml. of saline subcutaneously. In comparison with the placebo, morphine did not reduce the hunger responses studied in the majority of these individuals. The demonstration is important because of the importance which has been attributed to the hunger reducing power of morphine in addicts. (*Smith, C. M., and Beecher, H. K.: Effect of Morphine on Subjective Response of Hunger in Normal Subjects, J. Pharmacol. & Exper. Therap. 129: 63 (May) 1959.*)

MORPHINE Sixty-one nonaddict, nonpatient, adult male, college and graduate students were given subcutaneous injections of a placebo or morphine (10 mg./70 kg. of body weight). Before and after medication, the subjects gave information concerning sensations and moods. The major subjective responses to morphine in the 'somatic' area were dizziness, nausea, pruritis, headache, and feeling of warmth. The responses in the 'nonsomatic' area were principally mental clouding, physical inactivity, and mental inactivity. (*Smith, C. M., and Beecher, H. K.: Measurement of "Mental Clouding" and Other Subjective Effects of Morphine, Surg. Gynec. & Obst. 126: 50 (May) 1959.*)

DIPIPANONE Clinical use of a new synthetic narcotic, dipipanone hydrochloride (Pipadone), in anesthesia revealed certain characteristics different from other narcotics now used. Given as premedication, the respiratory rate is slowed and minute volume decreased in spite of an increase in tidal volume. During thiopental anesthesia, apnea is easily produced with intravenous dipipanone. A slowing of the cardiac rate was evident, as well as peripheral vasodilatation, leading to hypotension in some cases, especially when Fowler's position was utilized. As a postoperative analgesic, 25 mg. of dipipanone gave greater pain relief than 100 mg. of meperidine. Dipipanone demonstrated little or no hypnotic effect, and sleep patterns on electroencephalogram were absent. Amnesia was not produced. Complete disappearance of the cough reflex was noted in most patients. (*Lamoureaux, L., and others: Preliminary Clinical Study of Dipipanone Hydrochloride (Pipadone) in Anaesthesia, Canad. M. A. J. 80: 968 (June 15) 1959.*)

PHENOTHIAZINE A new phenothiazine drug, Trimeprazine, has been compared with a barbiturate as a premedicament in 200 young children. Its effects on recovery and vomiting after operation have been assessed. It proved to be palatable and easy to administer. Its hypnotic effect was equal to that of a barbiturate. It did not prolong the period of recovery, and fewer children vomited or were restless after operation, although the difference was not statistically different. (*Cope, R. W., and Glover, W. J.: Trimeprazine Tartrate for Premedication of Children, Lancet 1: 855 (April 25) 1959.*)

NAUSEA AND VOMITING Effects of Trilafon on vomiting in 265 obstetrical patients was compared with the effect of routine sedation in 264 similar patients in active labor. The group receiving Trilafon showed an incidence of nausea and vomiting that was 7 per cent lower than that in the control group. (*Anderson, G., and others: Effect of Trilafon on Nausea and Vomiting During Labor, Obst. & Gynec. 13: 504 (April) 1959.*)

VASOPRESSORS Restoration of the systemic blood pressure to normal levels by vaso