amine metabolism and regulation of blood pressure. The sedative effects are also in line with the current thoughts concerning the role of amine metabolism in relation to brain function, *e.g.* decreased serotonin levels lead to decreased brain function and therefore sedative effects. (*Oates, J. A., and others: Decarboxylase Inhibition and Blood Pressure Reduction by α-Methyl-3,4-Dihydroxy-dl-phenylalanine, Science 131: 1890 (June 24) 1960.*)

THIOPENTAL AND BLOOD LIPID Thiopental anesthesia in dogs and rats was accompanied by a sharp fall in blood nonesterfied fatty acids and a small increase in blood sugar. No pronounced changes in the blood concentrations of cholesterol, phospholipids or fatty acid esters were observed. Ether anesthesia had no effect on the blood nonesterfied fatty acids in rats. Hence, the fall in nonesterfied fatty acids during thiopental anesthesia is not related to the anesthesia itself. (*Fodor, J., and Grafnetter, D.: Influence of Thiopentone Anesthesia on Blood Lipid and Blood Sugar Level, Brit. J. Pharmacol. 15: 282 (June) 1960.*)

HYDROXYDION Hydroxydion (Viadril) causes a moderate constriction of the renal afferent and efferent arterioles similar to ether, cyclopropane and thiopental. There is a transient moderate reduction of glomerular filtration rate and renal plasma flow rate. (*Kunz, F., and Reubi, F.: The Behavior of Renal Hemodynamics during Hydroxydion Narcosis, Der Anaesthesist 9: 197 (June) 1960.*)

BLOOD ETHER LEVELS Figures concerning ether content of venous blood of 29 patients during the main forms of ether anesthesia are provided. Analysis of the results shows that under certain conditions the concentration of ether in the blood can serve as an index of the depth of anesthesia. The stage of analgesia was associated with a blood ether content of 19–32 mg./100 ml. The corresponding figures for the stages of excitement and surgical anaesthesia were 32–62 mg./100 ml. and 70 mg./100 ml., respectively. During combined ether-oxygen anesthesia similar depths of anesthesia were associated with similar blood ether contents. (*Zhilis, B. G.: Ether Content of Blood During Various Types of Ether Anaesthesia, Khirurgiya 6: 34, 1959.*)

ALCOHOL After ingestion of a single dose of ethanol there is an early diuresis accompanied by increased urinary 17-hydroxycorticoid output and lower plasma levels, followed by decrease output in urine and an increase in plasma 17-hydroxycorticoids to base-line values within 12 hours. Active adrenal stimulation is suggested by the finding that a significant drop in blood eosinophils at 4 hours after ingestion occurs. Therefore, increased adrenocortical function after ethanol ingestion in man was demonstrated. (*Kissin, B., Schenker, V., and Schenker, A. C.: Acute Effect of Ethanol Ingestion on Plasma and Urinary 17-Hydroxycorticoids in Alcoholic Subjects, Amer. J. Med. Sc. 239: 690 (June) 1960.*)

ALCOHOL Intravenous infusion of 2 g./kg. of ethanol depresses both serotonin and norepinephrine levels in the brain stem of the rabbit. The parallel decrease of both neurohormones persists long after ethanol disappears, an effect somewhat similar to that of reserpine. Chronic infusion of alcohol for 7 days produces a 50 per cent decrease in both serotonin and norepinephrine levels in the rabbit brain stem. (*Gursey, D., and Olson, R. E.: Depression of Sorotonin and Norepinephrine Levels in Brain Stem of Rabbit by Ethanol, Proc. Soc. Exp. Biol. & Med. 104: 280 (June) 1960.*)

MEPROBAMATE Meprobamate overdosage in a 19 year old girl caused stupor, decreased muscle tone and disproportionate hypotension, the blood pressure falling until both it and the pulse were unobtainable. Mephentermine, and also dilute norepinephrine drip which was continued for eleven hours, raised the blood pressure promptly. No evidence of shock occurred, the skin remaining warm and pink. (*Stevens, A. E.: Hypotension Due to Meprobamate Overdosage, Brit. Med. J. 1: 1029 (April 2) 1960.*)

PHENOTHIAZINE ATARAXICS Extrapyramidal reactions to phenothiazine lead to hospitalization of 39 patients at Los Angeles General Hospital during 1958 to 1960. Most