proved to be more potent than chlorpromazine, perphenazine, or triflupromazine so far as its antiemetic qualities were concerned. None of the phenothiazines provided protection against emesis produced by digitalis, nicotine, veratrum, or nitrogen mustard. The antiemetic potency of fluphenazine did not appear to be a result of central sedation. (*Laffan, R. J., and others: Antiemetic Action of Fluphenazine (Prolixin): Comparison with Other Phenothiazines, J. Pharmacol. Exp. Ther., 131: 130 (Jan.) 1961.*)

NAUSEA AND VOMITING A study was undertaken to quantitate the relative subjective side actions of oxymorphone (Numorphan) and morphine in patients who were free of pain. Equivalent analgesic doses of morphine (10 mg./70 kg.) and oxymorphone (1.05 mg./70 kg.) were given to two groups of hospitalized women who were awaiting elective surgical operations. Nausea and vomiting were significantly more frequent and severe after oxymorphone than after morphine. At this dose, oxymorphone produced sedation, dizziness and other typical morphine-like effects as frequently as did morphine. The time action curve of oxymorphone was similar to that of morphine when expressed in terms of subjective effects. (*Keats, A. S., and Telford, J.: Studies of Analgesic Drugs; Comparative Subjective Effects of Oxymorphone and Morphine, Clin. Pharmacol. Ther. 1: 703 (Nov.-Dec.) 1960.*)

PHENAZOCINE The neuropharmacological effects of phenazocine (Prinadol) have been compared to morphine in a variety of laboratory animals, including mice, rats, rabbits, dogs, and monkeys. In general, the neuropharmacologic properties of phenazocine were similar to those of morphine. Phenazocine proved to be more potent than morphine, varying from seven to twenty-five times more potent depending upon which of the responses to narcotics was being studied. (*Tedeschi, D. H., Tedeschi, R. E., and Fellows, E. J.: Analgesic and Other Neuropharmacologic Effects of Phenazocine (NIH 7519, Prinadol) Compared with Morphine, J. Pharmacol. Exp. Ther. 130: 431 (Dec.) 1960.*)

PHENAZOCINE Alveolar carbon dioxide-alveolar ventilation curves were studied before and 60 and 180 minutes after intramuscular doses of 2.5 mg. phenazocine hydrobromide and 10 mg. morphine per 70 kg. in 5 subjects. Phenazocine was shown to be a respiratory depressant of approximately the same magnitude as morphine when given in equivalent analgesic doses. Peak action of phenazocine occurred between 30 and 90 minutes after intramuscular administration, and its action was of longer duration than morphine. (*Papadopoulos, C. N., and Keats, A. S.: Studies of Analgesic Drugs; Comparative Respiratory Depressant Activity of Phenazocine and Morphine, Clin. Pharmacol. Ther. 2: 8 (Jan.-Feb.) 1961.*)

LEVALLORPHAN A total of 391 patients have been observed during labor. Two groups were formed by a method of random selection: 199 patients formed the treated group, who received a combination of alphaprodine (Nisentil) 60 mg. and levallorphan (Lorfan) 1 mg. intramuscularly at two-hourly intervals until the second stage was reached; and 192 patients formed the control group, who received alphaprodine 60 mg. without levallorphan at similar intervals. Facts recorded were pain relief, length of labor, complications of the third stage, side effects, and the condition of the infant at birth. Levallorphan was found to be extremely effective when used to counteract anoxia due to alphaprodine, but it did not appear to influence the results, according to statistical analysis, when combined with alphaprodine. (*Roberts, H., and Kuck, M.: Use of Alphaprodine and Levallorphan during Labour, Canad. Med. Ass. J. 83: 1088 (Nov. 19) 1960.*)

ATROPINE BY MOUTH One hundred and forty-seven children randomly selected were given oral and subcutaneous atropine before anesthesia. Atropine 0.85 mg. was given by mouth or 0.64 mg. subcutaneously, in each case with a barbiturate. The effects upon salivation, pupil size, pulse rate and anesthesia were observed. No differences were found between the two groups. It is concluded that atropine by mouth is satisfactory for premedication. (*Joseph, M. C., and*