quired for the successful treatment of prolonged apnea caused by the intramuscular use of succinylcholine. (*Foldes, F. F., and Brown, I. M.: Possible Dangers of Intramuscular Succinylcholine, J. A. M. A. 177: 514 (Aug. 19) 1961.*)

LEVALLORPHAN The effect of levallorphan on intestinal motility following administration of morphine was studied by using a balloon tube in human beings and in dogs. Levallorphan counteracted the effect of morphine on the intestines without, however, interfering with the analgesic effects of morphine. In the average patient, best results were obtained by using 20 mg. of morphine and 1 mg. of levallorphan. In this dosage, undesired increase of the tone of the intestinal wall is prevented but the increase of peristalsis owing to morphine is not reduced. (*Hart, W., and Becker, F.: Clinical and Experimental Investigations Concerning the Effect of Levallorphan Tartrate on Change of Function of Intestines due to Morphine, Der Anaesthesist 10: 230 (Aug.) 1961.*)

ANESTHETIC TIME/DOSE CURVE An equipotent mixture of thiopenal and oxymorphone (470 : 1) was administered intravenously to supplement nitrous oxide anesthesia in 44 cases of major surgical operation. The mean anesthetic time/dose curve indicated the anesthetic action of the thiopental-oxymorphone mixture is additive rather than synergistic. However, the recovery or "inactivation" time was reduced from 200 to 97 minutes. (*Keeri-Szanto, M., Knaff, M., and Rondeau, Y.: Anesthetic Time/Dose Curves, III. The Interaction of Thiopental and Oxymorphone During Surgical Anesthesia, Clin. Pharmacol. Ther. 2: 441 (Jul.-Aug.) 1961.*)

PRESSOR HORMONES The actions of various pressor hormones were studied in the cat anesthetized with chloralose. There were no constant changes in cardiac output after angiotensin and vasopressin, but epinephrine caused a rise. The rise in blood pressure caused by angiotensin and vasopressin was mainly due to increased peripheral resistance. Epinephrine usually caused a biphasic increase in total peripheral resistance so that at different times during the rise in blood pressure this was predominantly due to increased cardiac output or to increased peripheral resistance. Angiotensin constricted the renal and mesenteric vascular beds strongly, the femoral, carotid, pulmonary, and coronary vascular beds probably less strongly. The existence of small vascular beds which could be dilated by angiotensin could not be excluded. Pulmonary vascular bed appeared to be less sensitive to angiotensin than the systemic vascular bed. Lysine vasopressin constricted the mesenteric and femoral vascular beds, had no significant effect on the pulmonary vascular bed, and caused a profound dilatation in the renal vascular bed. Epinephrine constricted the renal vascular beds. There were variable effects on the mesenteric vessels. The femoral area was both dilated and constricted, the former predominating. Pulmonary arterial pressure was raised much more than by comparable doses of angiotensin, but the pulmonary vascular resistance was reduced. It appears that angiotensin is five to ten times as powerful by weight in raising blood pressure as is epinephrine in the cat. (*Barer, G. R.: Comparison of Effects of Angiotensin, Vasopressin and Adrenaline in Anesthetized Cat, J. Physiol. 156: 49 (Apr.) 1961.*)

STRESS RESPONSE Different anesthetic agents were studied in dogs regarding stress response. Blood sugar, serum sodium and potassium were measured, and eosinophile counts were done. Ethyl chloride, ether and barbiturates caused the greatest stress. Nitrous oxide and hydroxydione seemed to show least stress response. (*Csernohorszky, V., and others: Experimental Investigations Concerning Stressor Effect of Different Narcotics, Der Anaesthesist 10: 234 (Aug.) 1961.*)

HYDROXYCORTICOID LEVELS There is a progressive increase in the 17-hydroxycorticosteroid levels with advancing pregnancy, a further rise during labor and a prompt decline in the immediate postpartum period. This hyperadrenal state during pregnancy has long been recognized, for there is a decreased glucose tolerance and a frequent improvement of rheumatic diseases and asthma. (*Bryans, F. E., and Belither, A.: 17-Hydroxycorticosteroid Levels in Pregnancy, Amer. J. Obstet. Gynec. 82: 52 (July) 1961.*)

Downloaded from http://asa2.silverchair.com/anesthesiology/article-pdf/23/1/77/388137/0000542-196201000-00096.pdf by guest on 19 April 2024