

pathologic Effects of Norepinephrine Infusions in Dogs, Naunyn Schmiedeberg Arch. Exp. Path. 248: 54, 1964.)

RESERPINE AND HEMORRHAGE Pre-treatment of dogs with reserpine did not alter the bleeding volume, *e.g.*, the volume of blood that can be withdrawn before the arterial blood pressure falls to 40 mm. of mercury, or the maximal volume of blood expelled by the animal into a reservoir. The uptake of blood from the reservoir during hypotension was considerably slowed by pretreatment with reserpine. Control animals had taken up 40 per cent of the shed volume after three hours at 40 mm mercury, while reserpine treated animals had taken up an average of only 10 per cent within the same time. The large vessel hematocrit in both groups of animals fell during hemorrhage, but while the hematocrit of the control animals increased again during hypotension that of the reserpine treated animals remained low throughout hypotension. Inhibition or blockade of impulse transmission in the sympathetic nervous system by reserpine did not seem to impair the ability of the animals to compensate for loss of blood volume. (*Seifen, E., Flacke, W., and Alper, M.: Influence of Reserpine Pretreatment Upon the Hemodynamics of Dogs During Hemorrhagic Hypotension, Naunyn Schmiedeberg Arch. Exp. Path. 248: 27, 1964.*)

QUINIDINE Quinidine produces in certain individuals a specific sensitization of the myocardium by reducing the fibrillation threshold. Quinidine syncope probably represents attacks triggered by some as yet unrecognized precipitating factor. No clue as to the nature of the factor could be found in this series: the contributory effects of such possible additive factors as digitalis, procainamide, electric defibrillation or cardiac failure are not clear. Since the myocardial action of quinidine is related to potassium flux and membrane permeability, processes also influenced by other drugs, summation appears to be a good possibility. (*Selzer, A., and Wray, H. W.: Quinidine Syncope, Circulation 30: 17 (July) 1964.*)

MYASTHENIA GRAVIS An exacerbation of myasthenic symptoms occurred in 3 of 8

patients given metyrapone and 5 of 8 patients receiving ACTH. A more marked response followed ACTH than to metyrapone. Patients with excessive adrenocortical responses to stimulation experienced symptomatic exacerbation. Direct deleterious effect of cortisol or corticosteroids on the neuromuscular junction is suggested, although an abnormality of steroid metabolism peculiar to some patients with myasthenia gravis cannot be ruled out. (*Klein, J. J., and Kermit, E. O.: Studies in Myasthenia Gravis, New Engl. J. Med. 271: 177 (July) 1964.*)

MYASTHENIA Anesthesia was induced in a patient with myasthenia gravis with a small dose of thiobarbiturate and it was found that endotracheal intubation could be performed without the use of a muscle relaxant. Then a test dose of 10 mg. of succinylcholine increased the patient's respiration, a second dose of 10 mg. caused apnea without visible muscular fasciculation, while a third dose of 10 mg. failed to change the patient's respiration. (*Amaha, K., and Takahashi, T.: Anesthesia In a Patient With Myasthenia Gravis, Sapporo Med. J. (Japanese) 22: 263, 1962.*)

CSF PRESSURE During first plane of third stage of general anesthesia in dogs with thi-amylal, ether, nitrous oxide or halothane, blood pressure, respiration rate and cerebrospinal fluid (CSF) pressures were stable. During light general anesthesia deep breathing, coughing or straining markedly affected CSF pressure. During deep general anesthesia with ether or halothane, CSF pressure increased. Hypoxia and anoxia likewise caused a marked rise while atropine and succinylcholine had little effect. (*Sadanga, Y.: Influence of Various Kinds of General Anaesthesia and Some Promoting Drugs on Cerebrospinal Fluid Pressure, J. Kumamoto Med. Soc. (Japanese) 37: 162, 1963.*)

CELL MEMBRANE TRANSPORT Glucose not only enters the intestinal mucosa by simple or passive diffusion but by an active process that is dependent on the normal aerobic metabolism of intestinal tissue. Only members of a certain class of structure among various carbohydrates and related substances are ac-