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## Drugs

**CORTICOTROPIN RELEASE** After daily injections of ACTH, the administration of ether, histamine, 1 per cent formalin, or lysine-8-vasopressin produced no increases in plasma corticosterone levels in rats but increased them significantly in saline-treated control animals. Endotoxin induced nearly equal statistically-significant elevations in ACTH-treated and saline-treated animals. Apparently the high corticosterone levels produced by ACTH injection suppresses the corticotropin-releasing factor liberated by some stressors but not those liberated by other stressors. (Stark, E. Makara, G. B., and Mihaly, K.: *Hypophyseal-Adrenocortical Response to Various Different Stressing Procedures in ACTH-treated Rats*, *Canad. J. Physiol. Pharmacol.* 46: 567 (July) 1968.)

**LOCAL ANESTHETICS AND pH** Lidocaine and dibucaine are more effective in neutral than in alkaline solution when tested on the nonmyelinated fibers of the desheathed vagus nerve of the rabbit. Procaine, however, is more effective in alkaline solution. The activity of benzocaine is unaffected by pH. Both the charged and the uncharged forms of local anesthetics thus seem capable of blocking conduction. (Ritchie, J. M., and Ritchie, B. R.: *Local Anesthetics: Effect of pH on Activity*, *Science* 162: 1394 (Dec.) 1968.)

**VENOUS CATHETERS** Indwelling venous catheters were responsible for 19 of 44 hospital-acquired septicemias. The catheter was in place an average of 5.2 days and was associated with phlebitis or infected wounds or both in 18 cases (95 per cent). Etiologic agents were *Staphylococcus aureus*, 13, gram-negative bacilli, 5, and a nonpathogenic yeast. Neither associated diseases (12) nor inappropriate diagnosis (12) or treatment (9) affected survival (17, or 89 per cent), provided the catheter was removed. Both related deaths were due to *S. aureus*; endocarditis was a complication in one. The septicemia rate for the 756 patients with catheters in place more than 48 hours was 2.5 per cent. House physicians maintained 10 per cent of the total catheters but were responsible for 17 (89 per cent) of the related septicemias. Daily observation of the catheter and immediate removal from phlebitis sites is recommended. (Bentley, D. W., and Lepper, M. H.: *Septicemia Related to Indwelling Venous Catheters*, *J.A.M.A.* 206: 1749 (Nov.) 1968.)