

It has been suggested that the intranasal test is a more reliable indicator of possible sensitivity.¹⁴ However, in this patient it was negative also. Most authorities believe that these tests are unreliable and, therefore, impractical.⁹

CONCLUSION

Of the four postulated possible mechanisms for the reaction, the strongest care is made for an allergic phenomenon, the most important features of which were the wheals on the chest wall and clinical anaphylactic shock. The reaction followed a small amount of lidocaine, and all technical errors of administration were excluded insofar as possible.

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Drugs

POSTOPERATIVE ANALGESIA The analgesic effects of m-(1-methyl-3-propyl-3-pyrrolidinyl) phenol, (CI-572) were investigated in 125 adult patients with postoperative pain for which an oral analgesic normally would have been indicated. Five medications (identically prepared and packaged) were used as follows: placebo; CI-572 in 25-, 50-, and 100-mg doses; and meperidine, 100 mg. Each medication was given to 25 patients. They were asked to grade their pain (mild, moderate or severe) before receiving a single dose of medication. A full-time trained nurse acting as clinical investigator visited each patient at hourly intervals for six hours. She recorded her impression of pain relief (0 = none, 1 = poor, 2 = moderate, and 3 = good). She also recorded the presence and severity of any side effects. The patient graded his pain at each interval. A log-dose/response relationship (based on average scores) was established for CI-572. The 100-mg dose was significantly more effective than the 50-mg dose. The latter dose was approximately equivalent to 90 mg of meperidine. There were statistically significant differences between the effects of the placebo and all other medications except CI-572 at the 25-mg dose level. Dizziness (following the high dose of CI-572) was the only notable side effect. (Parkhouse, J., and Wright, V.: *Postoperative Analgesia with CI-572*, *Canad. Med. Ass. J.* 99: 887 (Nov.) 1968.)