series, totaling 183 patients, a preliminary skin test, as suggested by Melachlin, was performed on each patient. One hundred and fifty-one patients had previously received local procaine injections for medical or dental reasons. Twelve patients gave additional history of frequent contact exposures to procaine. Patch tests with 1% procaine solution were done on these patients, as well as intradermal testing, and reactions to patch tests were negative. Only three patients in our series manifested reactions in intradermal testing. . . . Two patients gave a marked local reaction within a period of 20 minutes and manifested symptoms of dizziness, light-headedness, tremor and tightness in the chest. These reactions we felt, eliminated them from treatment. The third patient reacted positively to the intradermal injection and manifested no systemic symptoms. Intravenous procaine therapy was given to this patient on two consecutive days. Within 20 minutes after each infusion, the patient complained of marked dizziness, apprehension, tightness in the chest, and momentary unconsciousness. The reactions were controlled with amobarbital (Amytal) sodium N.F. intravenously, and the procaine therapy was discontinued. A total of 1780 injections were given. . . .

"Forty-five patients of the total group received subsequent intradermal skin tests with procaine at intervals of three months to one year. No evidence of acquired sensitivity was recorded in these patients. . . . From the data submitted we feel that intravenous use of procaine hydrochloride offers another approach to combat pruritus. When properly controlled, it is safe. We recommend it when other therapies fail." A. A.


"Nonas and McGavack, Weissberg and Nonas have reported that 1-diethyl-carbamyl-piperazine (Subdamine) acted as an analgesic and sedative during its administration to psychoneurotic patients with anxiety and tension symptoms frequently associated with the climacterium. This investigation reports upon the lack of effect of Subdamine upon the pain threshold of human skin. Its sedative properties, and the failure of this drug to alleviate idiopathic glossodynia permanently. Six subjects were thoroughly indoctrinated in the Hardy-Wolff-Goodell pain threshold technic. . . . The pain threshold of each subject was determined at half-hour intervals over a control period of five hours following the ingestion of a placebo capsule. On a subsequent day, under identical circumstances, the pain threshold-raising effect of +0.5 Gm. Subdamine was tested on these subjects. . . . Subdamine (0.55 Gm. per capsule; one capsule four times a day) was administered for two weeks to 14 carefully selected patients (two males and 12 females, ages twenty-six to fifty-seven) who presented with prolonged suffering from idiopathic glossodynia. . . . The administration of 0.5 Gm. of Subdamine does not significantly alter the pain threshold in humans as determined by the Hardy-Wolff-Goodell technic. Subdamine, despite its desirable sedative properties, is not sufficiently effective in the treatment of idiopathic glossodynia."

A. A.