increasing (extrahepatic?) clearance. Sprigge, *et al.*¹ suggest that "further pharmacokinetic studies are required to determine the disposition of narcotics in the grossly obese". We wholeheartedly agree with this statement based, in part, on the amazing and perhaps untenable results reported by the authors.

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NEOSTIGMINE AND ATROPINE ADMINISTRATION

DEAR SIR,

To minimize the bradycardia and copious secretions which often follow the administration of neostigmine and atropine, I have found the following technique helpful:

Prepare a mixture of neostigmine 1.0 mg and atropine 0.4 mg and dilute to 6 ml with saline or water.

Administer one ml of this mixture into the intravenous infusion tubing and observe the return of respiratory activity over a period of five minutes before repeating a similar dosage.

Assuming a well-judged dose of competitive blocker, it has surprised me how seldom more than 3 ml of this mixture are required to restore full respiratory activity with merely a perfunctory suction of accumulated pharyngeal secretions. Bradycardia is unusual.

Yours sincerely,

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