

TABLE 2. The marks in the tables how the quantitative difference of the sum of grey-values of treated groups ($n=5$), against the control groups ($n=7$), respectively.

Substance	LD50	LD5	Dose	Hours			
				1.5	3	4.5	6
Imipramine	540	330	83	—	—	+	—
			41	—	—	—	—
			81	+	—	—	—
Desipramine	500	325	76	+	+	+	+
Trimipramine	500	305	38	—	—	—	—
			51	+	+	+	+
			26	+	+	+	+
Amitriptyline	305	202	13	—	+	+	—
			7	+	—	—	—
			44	+	+	+	+
Nortriptyline	387	177	22	+	—	+	+
			11	—	—	—	—
			125	+	+	+	+
Chlordiazepoxide	707	552	63	—	—	—	—
Iproniazid	681	490	245	—	—	—	—
Dexamphetamine	48	24	12	—	+	—	—
			6	—	—	—	—
			8	—	—	+	+
Chlorpromazine	875	538	4	—	—	—	—
Haloperidol	354	155	2	+	+	+	—
			1	—	—	+	—
			0.5	—	—	—	—
Acetylsalicylic acid	2,121	1,000	125	—	—	—	—
Metronidazole	>1,000	>1,000	500	+	+	—	—
			250	+	+	+	—
			125	+	—	—	—
			63	+	—	—	—
			31	+	—	—	—
			16	—	—	—	—

Significant inhibitions of grooming movements are marked +, insignificant changes —.

Acid-base changes in blood and electrolyte secretion during pancreatic function

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In humans, gastric acid secretion is accompanied by an increase in base in arterial blood (Rune, 1967). This demonstration shows that there is a decrease in base in arterial blood following bicarbonate secretion by the pancreas. Patients were studied during routine pancreatic function tests involving duodenal aspiration of juice before and after secretin stimulation, blood bicarbonate determination being made from $p\text{CO}_2$ and pH measurements on arterial or venous blood. Overall, in seventeen normal patients there was a significant fall in base excess following secretin, whereas there was little or no fall in six patients with chronic pancreatitis.

Little is known of electrolyte secretion by the pancreas. Particular attention has recently been paid to calcium and magnesium secretion following a report of increased calcium secretion in chronic pancreatitis (Hansky, 1967). The demonstration will show the results of studies on pancreatic secretion of calcium and magnesium following secretin stimulation in normal persons and patients with pancreatic disease.

REFERENCES

- HANSKY, J. (1967). Calcium content of duodenal juice. *Am. J. dig. Dis.*, **12**, 725–733.
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