

LOVE, W. S.: *Operative Risks in Cardiac Patients*. M. Ann. District of Columbia 10: 134-136 (April) 1941.

"The medical man not infrequently is asked by his surgical colleagues to evaluate the cardiac status of their patients and to advise whether or not they are suitable risks for operative procedures. . . . I personally prefer a basal anesthesia of avertin, followed by what ether may be necessary. Cardiacs take ether very well, and its greatest dangers are postoperative pulmonary complications. These can be minimized by the judicious use of CO<sub>2</sub> by periodic inhalations for twenty-four hours postoperatively, and by early movement of the patient. Spinal anesthesia is too frequently accompanied by a serious drop in the blood pressure, and when ephedrine and adrenalin are used to prevent such a happening, arrhythmias are prone to occur, especially in the elderly. However, the use of spinal anesthesia in heavy solution has made it possible to localize its effect and avoid shock. I have had it used several times recently in elderly patients without ill effect. For prostatic operations, it is probably the anesthesia of choice. Pulmonary complications, such as pneumonia and embolism, are the commonest causes of death. . . . When the age of the patient and the type of operation performed are taken into consideration, cardiac patients bear surgical procedures surprisingly well."

J. C. M. C.

HERRMANN, J. B.: *Effects of Certain Drugs on Temperature Regulation, and Changes in their Toxicity, in Rats Exposed to Cold*. J. Pharmacol. & Exper. Therap. 72: 130-137 (June) 1941.

"Current interest in general cooling for the treatment of cancer led to the investigation herein detailed. Hypothermia is produced by administering paraldehyde or a barbiturate in suf-

ficient amount to produce unconsciousness after which the individual is placed nude in an environmental temperature of 10 C. and surrounded by cracked ice. Body temperature falls promptly. Normal mammals, being homeothermous, resist any attempt to lower the body temperature by various phenomena such as shivering, vasoconstriction and body water shift. Deeply narcotized mammals become poikilothermous because their heat-regulatory mechanism is paralyzed. What effect do non-narcotizing doses of CNS depressants have on temperature regulation when test animals are subjected to severe cold and what effect does a reduction of the environmental temperature have on the toxicity of these substances? . . .

"1. Morphine, paraldehyde and nembutal produce a temporary fall in the body temperature of rats exposed to a cold environment (3 C.) which does not occur in the undrugged rat. This hypothermia results from doses which are obviously non-depressant to the neuromuscular system either at this low temperature or in ordinary environments. 2. The toxicity of paraldehyde, morphine and pentobarbital sodium for rats is increased at low environmental temperatures. 3. Magnesium chloride in non-depressant doses produces moderate hypothermia in rats exposed to cold. 4. Aspirin, in doses markedly antipyretic for fevered rats, causes no lowering of body temperature on exposure to cold environments. Therefore, the reaction to cold is not the factor in the onset of fever which sensitizes to aspirin." 19 references.

J. C. M. C.

AUSHERMAN, H. M.: *Choice of Anesthesia in Acute Surgical Emergencies*. J. Tennessee M. A. 34: 128-134 (April) 1941.

"The choice of the anesthetic agent best adapted to a given case is an in-