

mia of haemorrhage. For this, stored blood is eminently suitable. . . . In war the commonest recipient is the fit young soldier whose cardiac musculature was in perfect order before his wounding. To him, large volumes need to be and can be administered at fast rate without fear of overloading the circulation or producing pulmonary oedema. Indeed almost the only contra-indications to enthusiastic transfusion in the wounded are injuries to the brain and central nervous system (in which little response is obtained), damage to the lung by blast, irritant gases or steam (which often causes pulmonary oedema), thoracic wounds where the circulation is mechanically impeded, and the onset of the fat embolism which may follow bone damage. In our peace-time patients, on the other hand, we have always to consider the state of the heart muscle, the lungs, the blood-vessels, and essential organs, and from these findings the nature of the transfusion fluid, the amount to be administered, and the rate at which to give it, have to be carefully decided. In war one takes many a chance one cannot afford in peace." 47 references.

J. C. M. C.

BLUM, LEON L.: *Transfusion of Blood and Blood Substitutes in the USSR*. Am. Review of Soviet Med. 2: 273-279 (Feb.) 1945.

"Bogomolets is probably known to many Americans for his development of antireticular cytotoxic serum and its relation to the problem of longevity. His studies lead him to the concept of the so-called 'colloidoelasia' as being the basic phenomenon which explains the possible effects of blood transfusion. Briefly stated, colloidoelasia consists in the action of transfused blood upon unstable cytoplasmic protein molecules, leading to their flocculation and breakdown with the formation of

autocatalysts. These substances exert a stimulating effect on many functions of the body. According to Bogomolets, colloidoelasia and autocatalysis form the basis for the stimulating effect of blood transfusion. . . .

"The concept of colloidoelasia served to define the action of transfused blood as stimulating and desensitizing and as increasing the local and general reactivity of the body. This led to numerous Russian investigations dealing with the therapeutic effect of group incompatible blood. Repeated injections of very small doses (5-8 cc.), preferably at intervals of 3-4 days, produced a marked colloidoelastotic post-transfusion reaction, not severe enough to threaten life but sufficiently pronounced to increase the functional activity of the reticulo-endothelial and other systems. The use of larger doses, such as 12-15 cc., is contraindicated because it induces severe hemolytic reactions. Symptoms following injections of small doses of incompatible blood rapidly disappear without any special treatment. At the present state of our knowledge the Central Institute for Blood Transfusions recommends the therapeutic use of incompatible blood in cases of chronic or recurrent ulcers of stomach and duodenum, subacute septic states and a few other conditions."

A. W. F.

SPECK, GEORGE, AND SONN, EVE B.: *An Intragroup Hemolytic Transfusion Reaction in an Rh-Positive Patient*. Am. J. Obst. & Gynec. 49: 273-275 (Feb.) 1945.

"It is now considered a fact that if a pregnant woman is Rh negative and if her fetus is Rh positive, the baby's blood may sensitize the mother and stimulate the production of Rh isoantibodies. At some subsequent time, in such a sensitized woman should be given a transfusion of Rh-positive