age period of 2 to 4 weeks resulted in abnormal liver function tests in 21 (42 per cent). Bromsulphthalein retention and elevation of serum alkaline phosphatase were most sensitive indexes of liver damage. Blood dyserasias, including leucopenia, eosinophilia and circulating immature cell forms were also noted. (Dickes, R., Schenker, V., and Deutsch, L.: Serial Liver Function and Blood Studies in Patients Receiving Chlorpromazine, New England J. Med. 256: 1 (Jan.) 1957.)

ANAPHYLACTIC REACTION Two cases of anaphylactic reaction to oral penicillin are reported, and literature is reviewed of 13 others. Acute dyspnea, cyanosis, hypotension and pulmonary edema occurred within minutes of ingestion of penicillin. Treatment with intravenous epinephrine drip, hydrocortison, and intermittent positive pressure oxygen administration was satisfactory. Anaphylactic reactions to penicillin are increasing in incidence and should be considered in diagnosis of bronchoconstriction and shock of obscure etiology. (Magazini, H. C.: Anaphylactoid Reaction to Penicillins V and G Administered Orally, New England J. Med. 256: 47 (Jan. 10) 1957.)

EMPHYSEMA Development of emphysema is related to disease and constriction of smaller bronchi and bronchioles. Chronic pulmonary emphysema produces hypoxia and later hypercapnia. Treatment consists of eliminating irritants and prohibiting smoking; the use of bronchodilators, digitalis for right heart failure, breathing exercises, and antibiotics if purulent sputum is present. (Hyde, L., and Hyde, B.: Chronic Pulmonary Emphysema, Postgrad. Med. 20: 609 (Dec.) 1956.)

ESOPHAGEAL VARICES In two cases of portal hypertension due to cirrhosis of the liver, pituitrin infusion (20 mg. pituitrin diluted in 200 cc. saline and infused during a 24 hour period) resulted in a pronounced reduction in portal venous pressure. In one case, hepatic blood flow, hepatic venous blood pressure and venous pH was reduced. Hepatic A-V oxygen difference increased. Similar changes of a lesser degree were noted in a normal individual. Splanchnic vasconstriction due to Pitressin are considered promising in treatment of bleeding esophageal varices. (Davis, W. D., and others: Effect of Pituitrin in Reducing Portal Pressure in Human Being, New England J. Med. 256: 108 (Jan. 17) 1957.)

AORTIC SURGERY Aortic reconstruction cases fall into two main groups: (1) those with lesions situated more than 2 cm. below the renal arteries, in which "routine" preanesthetic, anesthetic, and postanesthetic procedure is followed and (2) those with lesions at, above, or close to the renal arteries or invading the thoracic aorta, where induced hypothermia is obligatory. (Thornton, Harry L.: Anesthesia for Aortic Reconstruction, Brit. M. J. 253 (Feb. 2) 1957.)

DIPIPANONE Dipipanone—DL-6-piperidino-4:4-diphenyl-heptan-3-one, a distant "cousin" of methadone was employed as an analgesic in two distinct series—each of 100 cases. Dosage of 20 mg. in medical cases and 25 mg. in postoperative gynecological cases gave maximum relief in about 20 minutes. Nausea, vomiting, sweating and giddiness made up the side effects, which amounted to 4 to 5 per cent of all cases treated. (Gillepsie, R. O., Cope, E., and Jones, P. O.: Dipipanone Hydrochloride in Treatment of Severe Pain, Brit. M. J. 109: 1 (Nov. 10) 1956.)

SHOCK Studies were made on a patient who developed shock during a routine cardiac catheterization which later was shown to be due to pulmonary embolism and acute cor pulmonale. Hemodynamic studies were conducted during the preshock period and during the development of shock. In the earlier stage, increase in pulmonary vascular resistance was indirectly demonstrated by the rise in right atrial pressure and the increase in the height of the P-wave in the electrocardiogram. During this interval, a moderate fall in cardiac output and a mild fall in systemic arterial pressure were observed. Onset of clinical shock was signaled by a precipitous fall in systemic arterial pressure, by abrupt fall in right atrial pressure, and by bradycardia. This was in-