CARDIAC DEFIBRILLATION The late mortality in dogs following successful defibrillation is considered to be due to cardiac burns. Padding of the electrodes is suggested as a method for preventing this difficulty. (*Kortz, A. B., and Swan, H.: Electrical Ventricular Defibrillation, A. M. A. Arch. Surg. 74: 911 (June) 1957.*)

EKG IN CHEST SURGERY In 444 patients, a six-month postoperative EKG was compared with the preoperative one. Operations were thoracoplasty and pulmonary resection for tuberculosis. Ninety-four patients showed a change in the position of the heart. In 113 patients followed in first few weeks postoperatively, 35 showed extensive S-T and T wave changes probably due to pericardial irritation. (*Laros, C. D., and van der Slikke, L. B.: Influence of Intra- and Extra-Thoracic Operations on Electrocardiograms in Patients with Pulmonary Tuberculosis, J. Thoracic Surg. 34: 11 (July) 1957.*)

ATRIAL RHYTHM In dog experiments, it was shown that adrenalin and noradrenalin increase the duration of the atrial action potential, thus inhibiting atrial fibrillation due to electrical stimulation. Acetylcholine has the opposite effect. (*Burn, J. H., Gunning, A. J., and Walker, J. M.: Effects of Noradrenalin and Adrenalin on Atrial Rhythm in Heart-Lung Preparation, J. Physiol. 137: 141 (June 18) 1957.*)

HUMORAL VASODILATATION Hyperventilation, causing a fall in carbon dioxide tension, is demonstrated in man to produce in the forearm a vasodilatation confined to muscle vessels. Arterial blood pressure falls slightly in response to this vasodilatation, which is apparently due to a humoral mechanism, since it occurs in the presence of brachial plexus block. (*Roddie, I. C., Shepherd, J. T., and Whelan, R. F.: Humoral Vasodilatation in Forearm during Voluntary Hyperventilation, J. Physiol. 137: 80 (June 18) 1957.*)

VASODEPRESSOR SYNCOPE This can be produced by 60 degrees head-up tilt with the aid of sodium nitrite. The main feature is a widespread loss of peripheral resistance in the face of the inability of the heart to increase its output. This is probably due to a limited inflow. (*Weissler, A. M., and others: Vasodepressor Syncope: Factors Influencing Cardiac Output, Circulation 15: 875 (June) 1957.*)

ABNORMAL BLEEDING For extensive surgery, fresh blood less than six hours old, collected in plastic bags, is available. After each 1,500 ml. of older blood, 500 cc. of fresh blood is given plus 50 to 100 mg. of oil-soluble vitamin K_1 (intravenously). For each 2,000 ml. of blood, 1 gram of calcium chloride is given over a 15-minute period. Hydrocortisone (100 mg.) is given intravenously. (*Crehan, J. P.: Abnormal Bleeding in Surgical Patient, S. Clin. North America 37: 803 (June) 1957.*)

HEMORRHAGE In 8 of 12 dogs with sinoaortic denervation there was respiratory stimulation following hemorrhage. This respiratory stimulation began with the fall in blood pressure and reached a peak with the lowest blood pressure. The rapid fall in blood pressure may be the stimulus to respiration rather than a decreased blood flow through the respiratory center. (*Schopp, R. T., and others: Mechanisms of Respiratory Stimulation During Hemorrhage, Am. J. Physiol. 189: 117 (April) 1957.*)

COLD BLOOD Using constant perfusion rates of chilled blood in carotid artery, coronary artery, and femoral artery, changes were recorded in perfusion pressures and possible causes for changes in blood flow in these organs were discussed. (*Senning, A., and Olsson, P. I.: Changes in Vascular Tonus During Cerebral and Regional Hypothermia, Acta chir. scandinav. 112: 209 (March) 1957*).

HEMORRHAGE Profound and prolonged hemorrhage for 4 and 5 days was reported in two patients in whom dental extractions were performed during Dicumarol therapy. Discontinuation of Dicumarol therapy two days prior to surgery is recommended. Dicumarol therapy should be resumed following surgery as soon as hemostasis is certain in view of the high incidence of recurrent thromboembolism