

The changes in the vascular reflexes preceded the fall of arterial pressure. The study of vascular reflexes in experiments on animals appears to be a more delicate method of functional analysis than the generally accepted evaluation of the condition of the animal according to the level of the arterial pressure. (Sherashov, S. G.: *Some Peculiarities of Reflex Regulation of Blood Circulation and Breathing in Surgical Shock*, *Arkh. pat.* 18: 70, 1956.)

VISCERO-CARDIAC REFLEX When irritation was applied to two internal organs simultaneously, the frog's heart was reflexly inhibited, whereas separate stimulation of either organ had an excitatory effect on the heart action. This demonstrates the absence of a specific afferent path and supports the postulate that the character of the viscerocardiac reflex depends upon the amount of excitation in the afferent paths. These experiments prove the absence of a specific stimulant path in the vagus nerves. Increase of stimulus to the internal organs causes excitation of additional fibres of the vagus nerve and reflex inhibition of the heart. (Yasrebtsova, N. L., and Udelnov, M.G.: *Reflex changes in Activity of Heart Following Simultaneous Irritation of Various Internal Organs*, *Collection "Problems of Pathology and Physiology of the Heart"* (Moscow), pp. 140-149, 1955.)

HEART BLOCK Anesthetic and surgical factors leading to circulatory arrest during operation in 22 patients with complete heart block were analyzed. Five of the 6 patients who developed circulatory and respiratory arrest during anesthesia had had prior Adams-Stokes attacks. In preparation for operation drugs should be used which have been successful in preventing or alleviating prior attacks—epinephrine, isopropylarterenol, sodium lactate, atropine. An artificial external pacemaker should be applied before the start of anesthesia. Anesthetic agents chosen should be suitable for the operation and the agents with which the anesthesiologist is most familiar. Cardiac arrest in these patients is different from the common arrest and thoracotomy should be per-

formed only when the measures outlined have failed. (Vandam, L. D., and McLemore, G. A., Jr: *Circulatory Arrest in Patients with Complete Heart Block During Anesthesia and Surgery*, *Ann. Int. Med.* 47: 518 (Sept.) 1957.)

CARDIAC ARREST There is both theoretical and practical evidence to support the belief that artificial respiration in a manner similar to the Silvester method, without the arms extended over the head, and with the aid of positive pressure oxygen at the end of leg extension, should be tried when unexpected respiratory failure in a child is followed by cardiac arrest. This should be carried out for one and one-half minutes before proceeding to thoracotomy, as there is a good chance the latter may prove unnecessary. (Rainer, E. H., and Bullough, J.: *Respiratory and Cardiac Arrest During Anesthesia in Children*, *Brit. M. J.* 1: 1024 (Nov. 2) 1957.)

CARDIAC ARREST Elective cardiac arrest was effected in 73 operations using a potassium citrate blood mixture. The mixture was made of 2 cc. of 25 per cent potassium citrate added to 18 cc. of heparinized blood. In children 6 to 20 cc. were needed and some adults required 150 to 200 cc. of the mixture. In 2 patients the heart could not be resuscitated. The reasons for failure to resuscitate the heart include inadequate blood flow from the pump, faulty cannulation, coronary air emboli, and occlusion of a major coronary vessel. (Effler, D., and others: *Elective Cardiac Arrest—Adjunct to Open-Heart Surgery*, *J. Thoracic Surg.* 34: 500 (Oct.) 1957.)

CARDIAC ARREST A new method is presented for inducing cardiac arrest as an adjunct for intracardiac operations. It consists essentially of the perfusion of the coronary system with acetylcholine solution—the dose being 10 mg. per kg. of body weight of the commercial preparation Acetylcholine, Anglo-French Laboratories. The rate of perfusion varies from 30 cc./minute/kg. to 50-60 cc./minute/kg. Resuscitation of the heart is readily obtained by perfusion of the coronary arteries with oxygenated blood