

and of more than 12 hours duration, rapid rewarming may lead to hypotension. In the latter case, rewarming is preferably by patient's own metabolic efforts at about the rate of one degree Fahrenheit per hour. (Rees, J. R.: *Accidental Hypothermia, Lancet* 1: 556 (March 15) 1958.)

**LOCALIZED HYPOTHERMIA** Localized cerebral hypothermia was studied in a series of 45 dog experiments with the aid of extracorporeal circulation utilizing the carotid arteries and external jugular veins. Various parameters of study were recorded in the acute stage of perfusion and, in general, were in accord with those noted in states of generalized hypothermia. Survival of dogs depended on low perfusion flows and the development of a perfusion pressure closely aligned with the systemic arterial pressure. Changes in electrocortical activity of the brain due to localized cerebral hypothermia were identical to hibernation. There was little change in the arteriovenous oxygen differences of the cerebral and systemic circulations unless the animal's body temperature at the stage of prewarming fell below a level of 34 C. (Woodhall, B., and others: *Physiologic and Pathologic Effects of Localized Cerebral Hypothermia, Ann. Surg.* 147: 673 (May) 1958.)

**HYPOTHERMIA** Mephentermine was injected and dogs were cooled by immersion in a cold water bath to a rectal temperature of 25 C. The incidence of hypothermic ventricular fibrillation was reduced significantly from 91 per cent in 33 control dogs to 37 per cent in 19 dogs treated with mephentermine. (Corino, B. G.: *Antifibrillatory Effect of Mephentermine Sulfate (Wyamine) in General Hypothermia, J. Pharmacol. & Exper. Therap.* 122: 418 (March) 1958.)

**VENTRICULAR FIBRILLATION** Drug combinations were used to prevent ventricular fibrillation in dogs under hypothermia and following induced cardiac arrest. Acetylcholine was used to produce the arrest. Under hypothermia the magnesium ion increases irritability instead of decreasing it. Quinidine was the most effective agent in preventing ventricular

fibrillation. (Berman, E. J., and others: *Experimental Prevention of Ventricular Fibrillation Following Hypothermia and Induced Cardiac Arrest, J. Thoracic Surg.* 35: 483 (April) 1958.)

**ELECTROLYTES IN HYPOTHERMIA** Dogs subjected to immersion hypothermia were studied in an effort to relate the occurrence of ventricular fibrillation to certain other observable phenomena. The studies failed to show any direct relationship between the occurrence of fibrillation and (1) serum potassium concentration or ratios of other electrolytes, (2) blood pH and respiratory pattern, (3) attempted prevention of hypokalemia, or (4) pretreatment with magnesium and/or insulin. No characteristic changes in the electrocardiogram presaging the occurrence of fibrillation were observed. (Frank, A., and Carr, M. H.: *Adaptive Changes in Hypothermia with Special Reference to Electrolyte Alterations, Experimental Study, West J. Surg.* 66: 105 (March-April) 1958.)

**HYPOTHERMIA EQUIPMENT** A collapsible tub is fashioned from a large sheet of heavy plastic material, folded into boxlike corners to conform to the width and length of the operating table. Stainless steel posts and rods form a rigid frame for the tub. Hypothermia blankets may be used in conjunction with the collapsible tub. When the temperature has been lowered to the proper degree, the water can be emptied quickly, the sides of the tub lowered, and there is no need to move the patient from the tub to the operating table. (Holsvade, G. R.: *Collapsible Tub for Immersion Cooling on the Operating Table, Surg. Gynec. & Obst.* 106: 502 (April) 1958.)

**ATARACTIC COMPLICATION** Two children developed a cataleptoid status following three 4 mg. doses of Trilafon (perphenazine). (Berry, R. V., Kamin, S. H., and Kline, A.: *Trilafon Complication, U. S. Armed Forces M. J.* 9: 745 (May) 1958.)

**BRAIN RESERPINE LEVELS** Previous studies on rate of distribution of reser-

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