

administered. The patient's body temperature was lowered to 92 F. by exposure to cold air from an electric fan. Diuresis occurred during the cooling. Recovery was uneventful, and infant and mother were discharged from the hospital 22 days after the onset of the attack. (Malcolm, J. E., and others: *Fulminating Eclampsia Treated by Hypothermia*, *Lancet* 1: 863 (April 25) 1959.)

**HYPOTHERMIA** After hypothermia, patients may be rewarmed by placing them between layers of a blanket through which warm water from a faucet is circulated. This obviates the need for an elaborate system with pumps. A regulating valve to assure the proper temperature of the water is attached to a mixing faucet from hot and cold pipes. A thermostatic switch protects the patient in case the water temperature exceeds a preset level. (Knowles, G. S. A.: *Control of Temperature in Rewarming Blankets During Hypothermia*, *Lancet* 1: 1231 (June 13) 1959.)

**HYPOTHERMIA** Profound hypothermia (10 to 15 C.) has been produced in a series of animals (dogs) by the use of an extracorporeal circuit containing two reservoirs, one to collect pulmonary venous blood from the left atrium, and the other to collect systemic venous blood from the right atrium. The blood from the left atrium is circulated through a heat exchanger. By this combination, complete circulatory arrest was produced for thirty minutes, followed by rewarming and recovery. (Drew, C. E., Keen, G., and Benazon, D. B.: *Profound Hypothermia*, *Lancet* 1: 745 (April 11) 1959.)

**HYPOTHERMIA** By the technique described above, three persons have been operated upon for repair of congenital cardiac defects. Body temperature was lowered to 15 C., ventricular fibrillation did not occur in any of the three patients four years or less of age. In one patient total circulatory arrest lasted 45 minutes. One patient died shortly after completion of the operation. The other two recovered and have shown no evidence of neurological or other damage. (Drew, C. E., and Anderson, I. M.: *Profound Hypothermia*

*in Cardiac Surgery*, *Lancet* 1: 748 (April 11) 1959.)

**NEOMYCIN APNEA** Neomycin exerts a curare-like action at the myoneural junction so that complete or partial paralysis ensues. This neuromuscular blocking action is potentiated by ether and muscle relaxants but can be antagonized by neostigmine and calcium. The presence of an optimum concentration of calcium at the myoneural junction is essential for the effective release of acetylcholine after stimulation of a motor nerve. The neuromuscular blockade produced by streptomycin and that resulting from magnesium is reversed by calcium. (Jones, W., and Philip, G.: *Calcium Treatment for Ineffective Respiration Resulting from Administration of Neomycin*, *J. A. M. A.* 170: 943 (June 20) 1959.)

**CURARIFORM ACTION** Case histories of 3 patients with infectious processes treated with streptomycin were presented. All 3 patients complained of muscular weakness, and two had visual difficulties. When streptomycin was stopped and neostigmine and atropine were given, the symptoms disappeared promptly. (Loder, R. E., and Walker, G. F.: *Neuromuscular-Blocking Action of Streptomycin*, *Lancet* 1: 812 (April 18) 1959.)

**BELLADONNA DRUGS** The curarizing properties of atropine and scopolamine quaternized by a polymethylene chain at the nitrogen groups have been determined in rabbits by the head-drop crossover procedure. Atropine and scopolamine so treated become potent curarizing agents. They also retain much of the activity of the parent compounds with respect to their ability to inhibit blood pressure drop from vagal stimulation and to produce mydriasis. (Eckfeld, D. K.: *Curarizing and Atropine-Like Properties of Bis-Atropinium and Bis-Scopolaminium Compounds*, *J. Pharmacol. Exper. Therap.* 126: 21, (May) 1959.)

**ATROPINE** Physostigmine or adrenergic central nervous system stimulants (amphetamine and methamphetamine) produce a fast electroencephalographic activity. High mid-brain resection in albino rabbits abolishes this

Downloaded from <http://asq2.siv.ingenta.com/langethesis/doi/pdf/10.1098/bj.1959.1000.0005> on 18-Aug-2018