normal symptoms and signs thought to be associated with phenothiazine therapy (leucopenia, abnormal hepatic tests) were not significantly more frequent from phenothiazines than from phenobarbital. (*Hollister, L. E., Caffey, E. M., Jr., and Klett, C. J.: Abnormal Symptoms, Signs and Laboratory Tests during Treatment with Phenothiazine Derivatives, Clin. Pharmacol. & Therap. 1: 284 (May–June) 1960.*)

PROPHYLACTIC DIGITALIS For the heart not in failure, digitalis is usually considered to be useless or even harmful. Work with both animals and patients show that prophylactic digitalization improves the function of hearts subjected to arrest and cardiotomy. Even noncardiac operations may be associated with conditions which tend to lower myocardial efficiency and reduce cardiac reserve, such as pentobarbital anesthesia, hyperpotassemia, hypotension, and massive transfusion. The value of prophylactic digitalization should be reconsidered. (*Willman, V. L., Cooper, T., Hanlon, C. R.: Prophylactic and Therapeutic Use of Digitalis in Open-Heart Operations, A. M. A. Arch. Surg. 80: 860 (May) 1960.*)

CARDIAC MURMURS The significance of organic murmurs is limited to the existence of lesions, their localization, and the fact of valvular insufficiency or regurgitation. Whether the lesions involve immediate danger to life or are compatible with many years of comfortable health, the murmurs do not inform us, nor do they teach us how far existing symptoms are referable to the lesions, and how far to functional disorder induced by other morbid conditions. Neither the intensity nor the quality of sound in the murmurs furnish any criteria by which the gravity of the lesions or their innocuousness can be determined. A loud murmur is even more likely to be produced in connection with comparatively unimportant lesions than with those of a grave character, because in the former, rather than in the latter case, is the action of the heart likely to be strong, and the intensity of the murmur, other things being equal, will depend on the force with which the currents of blood are moved. Whether the murmur be soft, or rough, or musical, depends not on the amount of damage which the lesions have occasioned, but on the physical circumstances alike consistent with trivial and grave affections. (*Flint, A.: On Cardiac Murmurs, Amer. J. M. Sci. 44: 29, 1862—reprinted in Circulation 21: 521 (April) 1960.*)

CARDIAC OUTPUT Since many earpiece curves are not ideal, the validity of the earpiece method for estimating cardiac output depends greatly on the exclusion of curves which are not adequately representative of those expected. The arbitrary criteria adopted for this study are: (1) absence of major irregularities in the curve or its preliminary baseline; (2) primary peak equivalent to an arterial dye concentration of more than 6 mg./l.; (3) disappearance slope of the log replot clearly defined as a straight line for at least 4 seconds, and having a numerical value larger than 0.14. These criteria resulted in rejection of about 35 per cent of all recorded earpiece curves. This loss of data may be expected to increase if patients with enlarged hearts are studied, since an increased "central" blood volume may disturb the arterial dye curve itself. (*Goodyer, A. V. N., Chetrick, A., and Huvos, A.: Use of Ear Oximeter for Measurement of Cardiac Output during Walking Exercise in Human Subjects, Yale J. Biol. & Med. 32: 250 (Feb.) 1960.*)

CARDIAC MASSAGE After delayed delivery with shoulder dystocia, the fetus did not have a heart beat or sign of respiration. Intermittent positive pressure oxygen was given but no response was made by the infant. A thoracotomy was performed and cardiac massage started. The baby became "pink" but had no sustained heart beat. Intramyocardial epinephrine was given and the heart assumed a normal rate and rhythm. Some seven months later the child appeared normal and healthy. (*Rahter, P. D., Herron, J. R.: Cardiac Resuscitation of Newborn Infant, Am. J. Obst. & Gynec. 79: 249 (Feb.) 1960.*)

EXTRACORPOREAL CIRCULATION During 35 perfusions, 100 per cent oxygen was passed through the oxygenator, and in 22