

ing adrenergic beta-receptors with nethalide would cause exogenous and endogenous catecholamines normally reacting with vasodilating receptors to be shifted to excitatory (vasoconstrictor) receptors. (*Luria, M. H., and others: Successful Therapy of Prolonged Hypotension with an Adrenergic Beta-Receptor Blocking Agent, Circulation 29: 494 (Apr.) 1964.*)

DEXTRAN Perfusion of Macrodex (dextran) to the circumflex coronary artery oxygenated at 1 or 3 atmospheres pressure leads to ventricular fibrillation and edema of the perfused region in dogs. This may be due to the higher viscosity. On the other hand, perfusion of oxygenated Rheomacrodex at normal atmospheric pressure could maintain heartbeat and blood pressure at levels near the normal as long as exsanguination was not performed. Perfusion at 3 atmospheres absolute pressure during 200 minutes enabled heart function to bear the work load of the circulation. Thus a variation in the molecular properties of dextran could induce ventricular fibrillation or reverse hypodynamic pressure changes after coronary occlusion and insure an apparently undisturbed heart function. (*Petropoulos, P. C., and Meijne, N. G.: Comparative Results of the Cardiac Function During Perfusion of a Main Coronary Artery with Lower or Higher Molecular Weight Dextran Under Normal and Hyperbaric Oxygenation, J. Thor. Cardio. Surg. 47: 651 (May) 1964.*)

HUMAN CORPSE BLOOD Transfusion of anemic patients with blood drawn from human corpses (without ACD solution or other additives) has long been performed in Russia but only recently successfully performed and reported in the United States. In most cases of sudden death the blood undergoes a peculiar type of fibrinolysis which obviates the need for anticoagulant solutions. Blood was usually administered as packed cells. No significant alterations in the stored blood or in the recipients were noted. Interest in this procedure in the United States has lagged because of the need to draw the blood within six hours after death of donor, an autopsy must be completed, suitable donors are sporadic and the yield has not been large (1-4½ pints per phlebotomy in this study).

(*Kevoorkian, J., and Marra, J. J.: Transfusion of Human Corpse Blood Without Additives, Transfusion 4: 112 (Mar.-Apr.) 1964.*)

CEREBRAL BLOOD FLOW Cerebral blood flow and oxygen consumption were measured by the nitrous oxide method and radioactive krypton techniques and correlated with frequency analysis of resting electroencephalogram in both healthy community volunteers and psychiatric patients having various degrees of chronic brain damage. The healthy group showed no correlation between the electroencephalogram and cerebral blood flow and oxygen consumption; whereas, the senile group did show a positive correlation between electroencephalogram changes and cerebral blood flow, cerebrovascular resistance and oxygen uptake. The resting electroencephalogram abnormalities indicate the existence of derangements of cerebrovascular physiology. (*Obrist, W. D., and others: Relation of Electroencephalogram to Cerebral Blood Flow and Metabolism in Old Age, Electroenceph. Clin. Neurophysiol. 15: 610 (Aug.) 1963.*)

CEREBRAL BLOOD FLOW Before craniotomy, postural changes from horizontal to the erect position had no effect on internal carotid blood flow of monkeys. The same changes under halothane anesthesia produced postural hypotension and decreased internal carotid blood flow. Craniotomy in the sitting position may result in a rapid and dangerous decrease in cerebral blood flow. (*Galindo, A., and Savolainen, U. P.: Craniotomy and Internal Carotid Blood Flow, Ann. Surg. 159: 437 (Mar.) 1964.*)

ACIDOSIS Occurrence of severe metabolic acidosis in six patients after abdominal operation was demonstrated. Arterial blood pH was found to range as low as 7.04, P_{CO_2} as low as 19 and standard bicarbonate as low as 11.0 mEq. per liter. The acidosis was corrected with sodium bicarbonate; amounts varying from 152 to 437 mEq. were required for correction. In 18 months metabolic acidosis was detected in 60 patients, 42 of whom required correction with sodium bicarbonate. Occasionally acidosis alone is responsible for