action was inhibited by atropine. These results suggest that the hepatic vessels are innervated by the splanchnic nerve, and that this nerve contains adrenergic vasoconstrictor and vasodilator fibers as well as cholinergic fibers. (*Furukawa, H.: Effect of Various Anaesthetics on the Hepatic Blood Flow and the Innervation of Hepatic Blood Vessels in Dogs (Japanese), Fukuoka Acta Med. 54: 543, 1963.*)

**TRENDELENBURG POSITION** Effects of 30-degree head-down tilting on central blood pressure and carotid blood flow were studied in 14 dogs anesthetized with pentobarbital after premedication with morphine sulphate. The dogs were studied before and after acute hemorrhage. There was a significant decrease in pressure in the head-down position in the control animals and a transient decrease in animals which were bled. Carotid blood flow decreased in the control animals when tilted but no change was apparent in the animals which were bled. The absence of improvement in either blood pressure or cerebral blood flow, in the presence of respiratory disadvantages, militates against the use of the Trendelenburg position. (*Guntheroth, W. G., Abel, F. L., and Mullins, G. L.: Effect of Trendelenburg's Position on Blood Pressure and Carotid Flow, Surg. Gynec. Obstet. 119: 345 (Aug.) 1964.*)

**DELIBERATE HYPOTENSION** Two groups of 18 patients each, matched for age and intelligence, had a series of psychometric tests before plastic operations on the nose or face and again two or three and six days after. The anesthetic management was similar in both groups, except that deliberate hypotension with pentolinium, or trimetaphan and halothane was employed in one group, and epinephrine and cocaine were used in a majority of the second group in whom blood pressure remained at normotensive levels. Respiration was controlled in the hypotensive patients, and was spontaneous in the normotensive patients. Tabulation and statistical analysis of the accumulated data failed to reveal a statistically significant difference between the two groups. Deliberate hypotension did not lead to changes in mental functions as measured by these psychological tests. (*Eckenhoff, J. E., and others: Assessment of Cerebral Effects of Deliberate Hypotension by Psychological Measurements, Lancet 2: 711 (Oct. 3) 1964.*)

**CEREBRAL BLOOD FLOW** Cerebral blood flow was measured by the nitrous oxide technique in a group of 20 subjects with coarctation of the aorta. Cerebral oxygen consumption was calculated. In 11 of the subjects cerebral blood flow was determined by utilizing simultaneous sampling of blood from the brachial and femoral arteries as well as the internal jugular bulb. Calculations of cerebral blood flow from the two sets of curves showed no significant difference. In subjects with coarctation of the aorta the calculated cerebral oxygen consumption was increased, but the cerebral blood flow was not significantly different from normal. In 16 individuals, preoperative and postoperative determinations of cerebral hemodynamics were made. These revealed that the pressure differential from the brachial to the femoral artery was largely corrected but that cerebral blood flow and vascular resistance did not change significantly. (*Rowe, G. G., and others: Cerebral Blood Flow in Coarctation of the Aorta, J. Clin. Invest. 43: 1922 (Oct.) 1964.*)

**HEART BLOCK** Since heart block may be an important complication of open heart surgery, the conduction systems of nine hearts with ventricular septal defect coming to autopsy after operation were studied by serial section. Often this can be correlated to the pathological changes in the conduction system such as: hemorrhage, necrosis, interruption and inflammation in and around the areas of suturing. All parts of the conduction system may be injured. The SA node and its approaches may be injured by the right atriotomy. This may be responsible for some cases of nodal rhythm or other arrhythmias found postoperatively. There was little involvement of the AV node itself. The penetrating branch of the AV bundle and the beginning of the branching portion were closely related to block. However, there were two cases where there was injury but no block noted clinically. The right and left bundle branches were severely involved in all cases. (*Lev, M., and others: Surgical Injury to the Conduction System in Ventricular*