

ventricular work. This decrease was related to fall in heart rate, since stroke volume and systemic arterial pressure were unchanged. No changes in acid-base balance or the respiratory quotient which would indicate metabolic disturbances during work of short duration were found. (*Aström, H.: Haemodynamic Effects of Beta-adrenergic Blockade, Brit. Heart J. 30: 44 (Jan.) 1968.*)

CATECHOLAMINES In dogs subjected to standardized shock, the pressor responses to injected norepinephrine, epinephrine and tyramine were markedly reduced immediately after reinfusion of blood. In most experiments, the responses to norepinephrine and to epinephrine gradually returned toward pre-hemorrhage levels over a period of several hours, whereas the responses to tyramine declined further. The content of catecholamines fell markedly in heart, spleen and adrenal six hours after reinfusion, whereas that in the aorta did not. Changes in the ratio of norepinephrine to epinephrine indicated tissue uptake of epinephrine from the adrenal discharge. (*Calvert, D. N., and Lum, B. K. B.: The Effects of Hemorrhage Shock upon Blood Pressure Responses to Adrenergic Agents and upon Tissue Catecholamines, J. Pharmacol. Exper. Therap. 159: 74 (Jan.) 1968.*)

RESUSCITATION The entire house staff and registered nurse staff participated in a resuscitation training program. A special cart with supplies to care for any emergency was prepared. The cart is stored in the Emergency Room. The resuscitation team consists of the Emergency Room intern and nurse who bring the cart, the surgical, medical, and anesthesiology residents who are on call. The resuscitation team arrived on an average of three minutes after the call was made. The team was called about twice weekly, and 89 per cent of the calls were considered to be necessary. Initial success was achieved in one-third of the attempts at resuscitation. Long-term success was achieved in 12 per cent of the resuscitation attempts. (*Benfield, J. R., and Hickey, R. C.: Cardiopulmonary Resuscitation at University of Wisconsin, Arch. Surg. 96: 664 (March) 1968.*)

PLASMA VOLUME IN HYPERTENSION Plasma volume values in 37 male patients with uncomplicated essential hypertension were compared with similar measurements in 20 normal men. Plasma volume was lower in hypertensive individuals than in normal subjects. This relationship was true whether body weight, surface area or height was used as the reference index. These results contrast with reports of expanded plasma volume in primary aldosteronism and renovascular hypertension, and stress the importance of diagnostic grouping in evaluating the hypertensive state. (*Tarazi, R. C., Frohlich, E. D., and Dustan, H. P.: Plasma Volume in Men with Essential Hypertension, New Engl. J. Med. 278: 762 (March) 1968.*)

Respiration

COMPLIANCE Lung, thoracic, and total respiratory compliances were measured and found to be normal in patients with obstructive lung disease in whom respiratory muscle activity had been eliminated by use of muscle relaxants. In most cases, more air could be put into the lungs by a ventilator than the patient could inspire when conscious. The pressure required to inflate these lungs passively was not excessive. Maximal negative respiratory pressures that could be developed by these patients were far lower than normal. The ease with which adequate ventilation could be carried out in these emphysematous patients suggests that irreversible airway obstruction is not the sole cause of respiratory failure. Failure of the inspiratory pump may be an important factor. (*Sharp, J. T., and others: The Thorax in Chronic Obstructive Lung Disease, Amer. J. Med. 44: 39 (Jan.) 1968.*)

MARFAN'S SYNDROME In Marfan's syndrome there is a defect in one or more connective tissue elements. In the lungs such defects might lead to increased lung compliance and residual volume and increased airway resistance during expiration. In five patients with Marfan's syndrome no such abnormalities were found. (*Chisholm, J. C., and others: Results of Pulmonary Function Testing in Five Persons with the Marfan's Syndrome, J. Lab. Clin. Med. 71: 25 (Jan.) 1968.*)