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.)

**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 Duson, 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.)