

tween cardiac temperature and oxygen uptake. The rise in mechanical efficiency during hypothermia indicated that cold does not interfere with the conversion of aerobic energy into useful work. (*Badeer, H.: Effect of Hypothermia on Oxygen Consumption and Energy Utilization of Heart, Circulation Res. 4: 523 (Sept.) 1956.*)

**HYPOTHERMIA** In 29 adult patients at body temperatures of 28 to 30 C., the heart rate slowed; the P-R and Q-T intervals, and the duration of the QRS complex were lengthened; and S-T segment and T-wave changes appeared. Auricular fibrillation or auricular arrhythmias occurred in 19 patients, but did not produce serious hemodynamic disturbances. Ventricular fibrillation occurred in two patients, with recovery of one following cardiac massage. On return to normal body temperature, the electrocardiograms became normal except for persistent S-T segment and T-wave changes for a few days in several patients. (*Gunton, R. W., and others: Changes in Cardiac Rhythm and in Form of the Electrocardiogram Resulting from Induced Hypothermia in Man, Am. Heart J. 52: 419 (Sept.) 1956.*)

**THERAPEUTIC HYPOTHERMIA** The high fever of 25 poor risk patients was reduced by intermittent body cooling to maintain a body temperature of 95 to 98 F. In most patients apparent benefit resulted, and 13 survived more than a month. Shivering was prevented by intravenous chlorpromazine and phenobarbital. (*Lewis, F. J., and others: Technique for Total Body Cooling of Febrile Gravely Ill Patient, Surgery 40: 465 (Sept.) 1956.*)

**SHOCK** A patient recovered following myocardial infarction with prolonged shock treated with levarterenol by continuous intravenous drip for fourteen days. (*Siglin, I. S.: Prolonged Use of Arterenol for Shock Following Myocardial Infarction with Patient Survival, A.M.A. Arch. Int. Med. 98: 372 (Sept.) 1956.*)

**HYPOTENSION** Both the initial and secondary arterial hypotension resulting from intra-arterial administration of chlorpromazine are the result of decrease in peripheral vascular resistance. (*Spurr, G. B., Horvath, S. M., and Farrand, E. A.:*

*Cardiovascular Effects of Chlorpromazine in Dog, Am. J. Physiol. 186: 525 (Sept.) 1956.*)

**PLACEBO** Alternating doses of placebo and morphine were administered postoperatively. At the first dose, when the pain was severe, the placebo's effectiveness amounted to 77 per cent of that of morphine. At the fourth dose, when pain was less, the placebo's effectiveness was only 29 per cent as much as morphine. This indicates that when stress is greatest the placebo is most effective, and that when stress is least the placebo is least effective. (*Beecher, H. K.: Evidence for Increased Effectiveness of Placebos with Increased Stress, Am. J. Physiol. 187: 163 (Oct.) 1956.*)

**CYCLOPROPANE** The antifibrillatory effect of mephentermine (Wyamine) against epinephrine during cyclopropane anesthesia depends on the decreased cardiac ventricular conduction time produced by the drug. (*Stewart, G. H., III, and others: Changes in Properties of Heart Muscle Due to Mephentermine, Am. J. Physiol. 186: 513 (Sept.) 1956.*)

**NOREPINEPHRINE** Six patients developed gangrene of the skin following use of intravenous norepinephrine for the treatment of shock. Within fifteen minutes after norepinephrine was injected into a segment of isolated canine femoral vein, the perivenous tissue showed thickening of the walls of the small dermal vessels, and partial to complete emptying of their lumens. (*Shapiro, R. A., and Perlow, S.: Skin Necrosis Following Intravenous Use of Norepinephrine, Am. J. Surg. 92: 566 (Oct.) 1956.*)

**HYPNOTICS** Evaluation of random administration of various doses of 4 hypnotic drugs and a placebo was accomplished by daily telephone calls. The onset of sleep is more prompt following administration of hypnotics. Duration of sleep and incidence of undesirable effects produced by the hypnotics used were not significantly different from those produced by placebo. (*Chernish, S. M., and others: Obtaining Data by Telephone; Clinical Evaluation of Hypnotic Drugs, Proc. Soc. Exper. Biol. & Med. 93: 162 (Oct.) 1956.*)