PLASMA FOR TRANSFUSION The transfusion of unmodified human blood plasma is associated with the risk of transmitting homologous serum jaundice. Several methods of processing plasma to inactivate the virus of this disease have been investigated. The simplest method is to store liquid plasma at 30 to 32 C. for 6 months prior to use. This has given promising results. It has a disadvantage, however, in that the final product is cloudy, therefore, detection of bacterial contamination is difficult. A simple method is described of pooled liquid plasma being mixed with Kaolin, decanted, filtered and stored for 6 months at 32 C. At this time, more Kaolin is added and the material is again filtered. The plasma so obtained is clear and translucent, and in preliminary trials it has been free of adverse reactions. (*Ellis, D., and Dudley, H. A. F.: Filtered Liquid Plasma for Transfusion, Lancet 2: 1355 (Dec. 27) 1958.*)

RED CELL PRESERVATION Solutions containing acid-citrate-dextrose with 1.8 Gm. of added inosine were compared with ACD solution by *in vitro* tests and by the survival of Cr^{51} tagged red cells *in vivo*. Inosine did not retard the *in vitro* changes in plasma sodium, potassium, hemoglobin, lactic acid, dextrose or pH which occurred in storage. However, blood stored in inosine did show an increased amount of adenosine triphosphate when compared to blood preserved in ACD alone. Blood stored in ACD to which inosine has been added may be stored for 28 days as compared to 21 days for blood stored in ACD alone. Slightly elevated uric acid levels were found in two subjects after the transfusion of 450 ml. of blood. The possible toxic effects of multiple transfusions are not known. (*Lange, R. D., and others: Effect of Inosine on Red Cell Preservation, J. Clin. Invest. 37: 1485 (Nov.) 1958.*)

AIR EMBOLISM The possibilities of air entering the circulation during transfusion or infusion are great. A remarkable quantity of air can enter the system. By the use of proper intravenous equipment, proper selection of veins for such therapy, and awareness of the potential hazard, air embolism can be avoided. (*Kerr, J. H.: Pneumatic Hazards of Intravenous Therapy, Surg. Gynec. & Obst. 107: 792 (Dec.) 1958.*)

ANOXIC CONVULSIONS In the study of 176 children up to 5 years of age diagnosed as having infantile convulsions, ocular compression produced convulsions associated with respiratory or cardiac arrest for a brief period in 24 of these children. Anoxic convulsion is a separate clinical entity from epilepsy and may explain in part favorable outcome of convulsive episodes in children. They may represent a large portion of the afebrile convulsions as well as those following breath holding and during hyperthermia. (*Gastaut, H., and Gastaut, Y.: Electroencephalographic and Clinical Study of Anoxic Convulsions in Children, Electroencephalog. & Clin. Neurophysiol. 10: 607 (Nov.) 1958.*)

CARDIAC OUTPUT A study of 50 patients with mitral stenosis showed that when radiologic studies revealed a normal or slightly altered pulmonary vasculature, cardiac output was normal. When enlarged hilar arteries and markedly narrowed arteries in the mid and peripheral lung fields were evident, cardiac output was decreased. (*Braun, K., Rosenberg, S. Z., and Schwartz, A.: Central Blood Volume, Cardiac Output, and Pulmonary Vascular Pattern in Mitral Stenosis, Am. J. Card. 3: 40 (Jan.) 1959.*)

MECAMYLAMINE Mecamylamine in anesthetized dogs caused decreases in systemic, pulmonary arterial and right atrial pressures with an increase in heart rate. While body oxygen consumption and carbon dioxide production were unchanged there was an increase in arteriovenous oxygen and carbon dioxide differences. Cardiac output, cardiac work, coronary blood flow, myocardial oxygen consumption and calculated cardiac efficiency fell. Coronary vascular resistance increased. These findings are similar to those produced by hexamethonium and pentolinium. (*Rowe, G. C., and others: Effect of Mecamylamine on Coronary Flow, Cardiac Work, and Cardiac Efficiency in Normotensive Dogs, J. Lab. & Clin. Med. 52: 883 (Dec.) 1958.*)

The "Briefs" of Russian Literature were taken from EXERPTA MEDICA'S "Abstracts of Soviet Medicine," which is supplied through the Public Health Service of the National Institute of Health.