of all units of stored blood contain bacteria. Overload reactions may develop due to overzealous transfusion. Plasma transfusion reactions and those due to leuco-agglutinins and to allergies may appear. Too many patients are given single pint transfusions. (Hoxworth, P. I.: Physicians' Responsibility in Blood Transfusion, Surg. Gynec. & Obst. 110: 237 (Feb.) 1960.)

PLASTIC TUBING Some brands of polyvinyl chlorides interfere with cardiae contraction. This observation, made during perfusions of isolated rat hearts, may be of some clinical value, since plastics are often used in intravenous sets and extracorporeal pumps. (Meyler, F. L., Willebrands, A. F., and Durrer, D.: The Influence of Polyvinyl Chloride (PVC) Tubing on the Isolated Rat's Heart, Circulation Res. 8: 44 (Jan.) 1960.)

HEMOLYSIS Small amounts of bank blood refluxing from filter chambers into solutions being administered following transfusion may undergo hemolysis. Hemolysis is promoted by increased temperature, older blood, more dilute reflux dilutions and length of time the mixture stands. More hemolysis occurred in isotonic solutions of 4.3 per cent dextrose and 0.18 per cent sodium chloride than with five per cent dextrose solutions. (Noble, T. C., and Abbott, J.: Haemolysis of Stored Blood Mixed with Isotonic Dextrose-Containing Solutions in Transfusion Apparatus, Brit. Med. J. 2: 865 (Oct. 31) 1959.)

BLOOD VOLUME Considerations of variation in blood volume relative to body weight exists in normal patients-chiefly due to variances in their body fat. Cathectic individuals without advanced cancer, renal disease, hepatic disease or chronic infection may have normal or supernormal plasma volume associated with subnormal hematocrit and hemoglobin concentration. Correction of anemia by blood transfusion in the presence of normal or supernormal blood volume may be dangerous-leading to pulmonary edema or death. (Pender, J. C. Jr., and others: A Consideration of Indications for Preoperative Transfusions Based on Analysis of Blood Volumes and Circulatory Proteins in Normal and Malnourished Patients With and Without Cancer, Ann. Surg. 151; 303 (March) 1960.)

SERUM HEPATITIS Serum hepatitis has been reported following the use of fibrinogen in the treatment of hypofibrinogenemia. Fibrinogen should not be used in hypofibrinogenemia unless bleeding is severe enough to warrant the calculated risk. Prophylactic injections of gamma globulin should be seriously considered. (Zaino, E. C.: Homologous Serum Hepatitis Following the Administration of Fibrinogen, Obst. & Gynec. 15: 404 (March) 1960.)

LEVARTERENOL NECROSIS The subcutaneous infiltration of 250 cc. of solutions containing 8 to 32 mg. levarterenol/liter for two hours produced sloughs of the skin of the abdomen of rabbits. Data showed that levarterenol-phentolamine solutions containing 2.5 to 10 mg. of phentolamine produced no slough. Sloughs were reduced with mixtures containing 16 and 32 mg. levarterenol and 1 mg. phentolamine. (Zucker, G., and Eisinger, R. P.: Prevention of Levarterenol Necrosis in Rabbits by Use of Levarterenol-Phentolamine Mixtures, Proc. Soc. Exp. Biol. & Med. 103: 260 (Feb.) 1960.)

STOMACH INFLATION An unconscious patient was given 4 to 6 liters of oxygen by nasal eatheter. Within one hour she developed perforation of the stomach near the cardia with massive pneumoperitoneum but recovered following surgery. Similar cases are quoted, including a fatal case following inadvertent insertion of an endotracheal tube in to the esophagus. (Kootz, F.: Perforation of the Stomach Due to Endonasal Oxygen Administration, Der Anesthesist 9: 22 (Jan.) 1960.)

POSTOPERATIVE EKG In an unselected series of 496 surgical patients there were 12 (2.4 per cent) myocardial infarctions post-operatively. Since all infarctions occurred in patients over 50 years old the incidence in this group was 4.5 per cent. Ten of the 12 patients preoperatively had hypertension, peripheral vascular disease and/or diabetes mellitus, precursors of coronary heart disease. Six (50 per cent) of the infarctions would