coagulant drugs against venous thrombosis in the injured patient should be started early. *(Sevitt, S., and Gallagher, N.: Venous Thrombosis and Pulmonary Embolism, Brit. J. Surg. 48: 475 (Mar.) 1961.)*

PULMONARY CIRCULATION Measurements of bronchopulmonary blood flow to the left diaphragmatic lobe were made after ligation of the lobar pulmonary artery and vein in anesthetized dogs. Changing the gas mixture in the left diaphragmatic lobe only caused corresponding alterations in the composition of the bronchopulmonary blood, indicating that in the absence of a normal flow of blood through the pulmonary circulation, the bronchopulmonary blood traverses the pulmonary capillaries. Cessation of ventilation of the lung lobe for 60 to 90 minutes caused the oxygen saturation of the bronchopulmonary blood to fall to a mean value of 50 per cent, indicating that the bronchial blood becomes venous on its passage through the lungs. When blood flows normally through the pulmonary circulation, the bronchial blood does not flow through the pulmonary capillaries but enters the pulmonary veins directly, presumably by way of the bronchopulmonary veins. This bronchopulmonary blood therefore contributes to venous admixture in the pulmonary vein blood. *(Aviado, D. M., and others: Contribution of Bronchial Circulation to Venous Admixture in Pulmonary Venous Blood, J. Physiol. 155: 602 (Mar.) 1961.)*

VASCULAR DISTENSIBILITY Factors which alter distensibility of blood vessls are of importance since the maintenance of the circulation depends upon the adjustment of the total capacity of blood vessels to the volume of circulating blood. Employing a simple venous congestion method, pressure-volume relationships of the capacity of the vessels of the human forearm at pressures within a normal physiological range were obtained. Overventilation with air, 4 per cent carbon dioxide or 9 per cent carbon dioxide caused a significant decrease of about 12 per cent in the index of distensibility. Breathing through a resistance, a procedure designed to cause changes of intrathoracic pressure similar to those occurring in overventilation without the great increase of respiratory minute volume, failed to cause significant changes in vascular distensibility. This suggests that some factor other than the reduction of blood tension of carbon dioxide or changes of intrathoracic pressure is mainly responsible for the reduction of vascular distensibility during overventilation. *(Lyttle, D. Observations on Mechanism of Reduction in Distensibility of Low-Pressure Vessels of Human Forearm During Overventilation, J. Physiol. 156: 238 (Apr.) 1961.)*

HYPERTENSIN Hypertensin causes peripheral vasoconstriction with increase of arterial blood pressure in the systemic and pulmonary circulation. Indications are similar to those of norepinephrine. The skin is better supplied with blood when hypertensin is used. It was effective in 13 out of 15 patients with peripheral vasodilatation. *(Nolte, H.: Clinical Experiences with Hypertensin-II-Amide, Der Anaesthesist 10: 242 (Aug.) 1961.)*

PHENOTHIAZINE Study was made on the influence of chlorpromazine, mepazine, pecarine, and propazine on pain sensitivity under electrical, mechanical and thermic stimulation. Experiments with electrical stimulation showed that chlorpromazine has the greatest analgesic effect; beginning with a 5 mg./kg. dose, it raises the threshold of sensitivity to electrical stimultaion. The minimal dose of propazine causing an increase of the sensitivity threshold is 10 mg./kg., and of mepazine only 300 mg./kg. In experiments with thermic stimulation, all the phenothiazine derivatives substantially increased the reaction time. The activity of chlorpromazine was higher than that of propazine and mepazine. Experiments with morphine, promedole (synthetic analgesic) and phenadone showed, by all methods, that the analgesics cause an effect equal in force in substantially less doses than derivatives of the phenothiazine series. The character of the analgesic action of these two groups of substances differs. *(Barkov, N. K.: Analgesic Properties of Derivatives of Phenothiazine Series, Farmakol. i Toksikol. 23: 311, 1960.)*

EXTRAPYRAMIDAL REACTIONS Extrapyramidal signs and symptoms are among the most common side effects in phenothiazine