

Catecholamines and insulin also increase the rate of ATP synthesis. The quotient of ATP/ADP is increased. (*Isselhard, W., and others: Experiments to Improve Availability of Energy in the Artificially Arrested Heart and in Recovery during Re-perfusion, Klin. Wschr. 42: 757 (Aug. 1) 1964.*)

PERSANTIN Effect of Persantin on the human coronary circulation and oxygen and substrate uptake of the heart was studied in 38 patients undergoing diagnostic heart catheterizations. In a dosage of 0.2 mg./kg., Persantin produces a transient increase of coronary blood flow of about 10 per cent. The effect of the drug is dissipated in about 15 minutes. Oxygen and substrate uptake by the heart is not significantly altered. Persantin does not provide effective therapy in acute disturbances of the coronary circulation. (*Rudolph, W., and others: Effect of Persantin on Coronary Blood Flow, Oxygen and Substrate Uptake of the Human Heart, Klin. Wschr. 42: 667 (July 15) 1964.*)

VAGAL BLOCK Hypertrophic osteoarthropathy can be successfully treated by blocking of the vagus nerve using local analgesics. A new technique for vagus nerve blocking is described. (*Dam, W. H. and Hagelsten, J. O.: Blocking of the Vagus Nerve Relieving Osteoarthropathy in Lung Diseases, Danish Med. Bull. 11: 131, 1964.*)

ELECTRICAL GROUNDING Untreated operating room floors may be placed in the following order in increasing grounding resistance—(1) terrazzo flooring with conducting net, (2) ordinary terrazzo flooring, (3) tiled floors, (4) ordinary vinyl flooring. In all cases treatment with benzolconium chloride resulted in reduction of electrical resistance of charging of personnel. (*Hagelsten, J. O., and Larsen, O. S.: Resistance of Anesthetic Room Flooring and its Significance for the Risk of Explosion Before and After Treatment with Benzolconium Chloride, Ugeskr. Laeg. 125: 1841, 1963.*)

HYPOTHERMIA Patterns of fetal and maternal cardiac activity were observed by con-

tinuous electronic monitoring during hypothermia. Marked slowing of maternal and fetal heart rates were found to occur with induction of hypothermia with about a 1:2 ratio being maintained most of the time. The pattern of fetal cardiac response to stress resembled that observed during hypotension in a patient with normal body temperature. A healthy living infant was delivered 23 days following induced maternal hypothermia for repair of a cerebral aneurysm. (*Hess, O. V., and Davis, C. D.: Electronic Evaluation of the Fetal and Maternal Heart Rate During Hypothermia in a Pregnant Woman, Amer. J. Obstet. Gynec. 89: 801 (July 15) 1964.*)

PULMONARY EDEMA Destructive lesions in the preoptic areas in rats leads to fatal pulmonary edema. Bilateral injections of aconite into the preoptic areas of the rat likewise produce fatal pulmonary edema. The edema is due to a mass sympathetic discharge resulting in a marked rise in systemic arterial pressure, shunting of blood into the pulmonary circuit and appreciable rise in pulmonary venous pressure. The left ventricle is then unable to maintain its output against an increased peripheral resistance and leads to back pressure effects on pulmonary venous capillary vessels. These effects are largely blocked by surgical or drug interruption of the sympathetic outflow. (*Wood, C. D., and others: Influence of Autonomic Blockade on Pulmonary Edema, Proc. Soc. Exp. Biol. Med. 116: 809 (July) 1964.*)

CARDIAC CATECHOLAMINES The role played by endogenous catecholamines of the left ventricle in maintaining normal contractility is not established. The effect of guanethidine and reserpine on the isolated hearts of 11 rabbits was studied and a 70 to 94 per cent reduction in catecholamine content of the left ventricle with minimal reduction in contractility was found. Drastic reduction in catecholamine content of the left ventricle of the rabbit does not necessarily result in impairment of its contractility. (*Maxwell, R. A., and others: Catecholamine Depletion and Myocardial Contractility, Proc. Soc. Exp. Biol. Med. 116: 672 (July) 1964.*)