

were: levarterenol, epinephrine, mephentermine, metaraminol, isoproterenol and methoxamine. Flow to various portions of the body may vary, being increased in one area and decreased in another. All of the drugs except methoxamine caused an increase in cardiac output. Small doses of drugs which stimulate vasodilator receptors (epinephrine, isoproterenol, and mephentermine) promote blood flow through the abdominal aorta. Large doses reduce the flow through the distal aorta. (Skinner, D. B., Camp, T. F., and Austen, W. G.: *Use of Vasopressor Agents to Increase Somatic Blood Flow*, *Arch. Surg.* 94: 610 (May) 1967.)

WEIGHT LOSS Blood volume and weight loss were correlated in patients with obesity and in those with cancer. Obese patients had an average weight loss of 30 per cent and blood volume decrease of 6 per cent. Patients with cancer showed a direct relationship between weight loss and decreased red cell volume. These changes in intravascular volume following weight loss in cancer patients are thought to result from malnutrition and not specifically from cancer. Thus, the measurement of blood volume in debilitated patients adds little information to any evaluation. The simple measurement of hemoglobin and hematocrit is usually a better reflection of red cell mass. If intravascular volume determinations are used, it is better to use the circulating red cell volume as a reflection of the patient's intravascular changes. Routine preoperative blood transfusions should be reserved for patients with acute blood loss or those with definite anemia. (Ebert, P. A., and Benson, D. W.: *Weight Loss, Cancer and Intravascular Volume*, *Surg. Gynec. Obstet.* 124: 987 (Nov.) 1966.)

BLOOD TRANSFUSION The overall incidence of isosensitization was investigated in 1,250 patients who had received a total of 3,461 units of blood. The number of transfusions per patient ranged from 1 to 40 with an average of 2.8 units per patient. Ten definite cases of isosensitization and 3 probable cases of isosensitization were found—an incidence of approximately 1 per cent. Expert technical services in the field of blood trans-

fusion will become more and more important. Transfusion of blood in emergencies without a pretransfusion cross-match test performed by an expert blood transfusion technologist will become increasingly hazardous. (Grobbeelaar, B. G., and Smart, E.: *The Incidence of Isosensitization Following Blood Transfusion*, *Transfusion* 7: 152 (March) 1967.)

DEXTRANS Dextran 40 (molecular weight 40,000) is compared with Dextran 70 (molecular weight 70,000). They are polymers of glucose. Dextran 70 is more effective and longer lasting for blood volume expansion. Dextran 40 is most valuable for reducing blood viscosity and for improving the microcirculation. Both have antithrombogenic effects. (Atik, M.: *Dextran 40 and Dextran 70*, *Arch. Surg.* 94: 664 (May) 1967.)

DEXTRAN-INDUCED ANAPHYLAXIS Anaphylactic reactions to polysaccharide plasma expanders such as dextran are rare but with their increasing utilization must go an increasing awareness of their potential antigenicity. Dextran is a collective name for a series of polysaccharides with high dextrorotation. The majority of bonds linking saccharide units are of the alpha 1:6 type. The molecule lends itself readily to hydrolysis. Dextran 75, the clinical dextran most commonly used, has a molecular weight of 75,000. Clinically, dextran has found widespread usage in the treatment of shock and recently in the treatment of thrombophlebitis. In both situations, great emphasis is placed on increasing the flow and decreasing sludging of blood. It has been shown that higher-molecular-weight dextrans are more antigenic in man. This report details a harmful reaction following the administration of dextran 75. The patient demonstrated immediate wheal and flare skin reactivity, bentonite-flocculating antidextran activity, and positive Prausnitz-Küstner transfer reaction to dextran N-279, a high-molecular-weight dextran. The dextran 75 associated with this anaphylactic reaction elicited only mild wheal and flare skin reactivity and was apparently incapable of sensitizing bentonite particles over a wide dose range. It is hypothesized that the patient was previously sensitized by food dextrans or crossreacting