cent oxygen in nitrogen. This diminished response of the anoxic animals to epinephrine is comparable to the previously observed decreased increment in systolic and diastolic blood pressure following epinephrine under similar conditions. The details of the procedure are not given.

HECHT.

Lian, C., Lavenne, F., and von Roten, L.: An Exercise Test in Obliterating Arterial Disease, Arch. d. mal. du coeur **40**:273 (July-Aug.), 1947.

The influence of a standard exercise test on the arterial pressure and oscillometric indices of an extremity was determined in twenty normal subjects, in twenty-five patients with obliterating arterial disease, and in four with coarctation of the aorta. The test consists in running movements while standing for one minute or until pain occurs (lower extermities), or in raising the hand vertically to shoulder height thirty times in one minute (upper extremity).

In the normal subjects, a moderate increase in blood pressure, usually not exceeding 10 mm. Hg, is noted together with a definite increase in the oscillometric indices. In seventeen of twenty-five patients with arterial diseases, a fall in pressure and a decrease in oscillations were observed. A similar response was obtained in two of the four patients with coarctation of the aorta. It is assumed that the abnormal reactions are the result of insufficient irrigation of the involved limbs, which in turn is followed by local vascular spasm. The test may have diagnostic and prognostic implications.

HECHT.

Mathieu, L., and Hadot, E.: Obliterating Arterial Disease of the Upper Extremity Following Severe Urticaria, Arch. d. mal. du coeur **40**:326 (July-Aug.), 1947.

A 44-year-old white collar worker developed extremely severe pain with absence of pulse and oscillometer readings and with loss of color of the left forearm and hand sixteen hours after a severe and unexplained attack of urticaria. Treatment with periarterial injections of novocain and repeated intra-arterial injections of Priscol restored circulation through the affected limb only partially. From the findings, an organic arterial occlusion of the limb is assumed to have occurred, and it is argued that a causal relationship existed between the accident and the urticarial reaction. The patient exhibited no signs or symptoms of vascular disease before the accident.

HECHT.

Mathieu, L., and Hadot, E.: Myocardial Infarction and Angina Pectoris During Serum Sickness, Arch d. mal. du coeur **40**:328 (July-Aug.), 1947.

A 40-year-old metal worker developed a severe general illness with precordial pain within twenty-four hours after an injection of antitetanus serum. The electrocardiogram revealed a recent posterior myocardial infarction. The patient had received three previous injections of antitetanus serum; the last two were complicated by serum sickness. A second patient, a 61-year-old man, also developed typical "accelerated" serum sickness with severe precordial pain, but without evidence of infarction within forty-eight hours after a similar serum injection. This patient had also been previously sensitized. An anaphylactic reaction of the coronary arteries is implicated.

HECHT.

Cournand, A., Motley, H. L., Himmelstein, A., Dresdale, D., and Baldwin, J.: Recording of Blood Pressure From the Left Auricle and the Pulmonary Veins in Human Subjects With Inter-auricular Septal Defects, Am. J. Physiol. **150**:267 (Aug.), 1947.

Mean auricular pressures in three infants with interauricular septal defects were measured by venous catheterization. The average right auricular pressures averaged 1.4 mm. Hg; left auricular pressures, 4.1 mm. Hg; and pressures in the pulmonary vein, 6.2 mm. of mercury. The right ventricular pressures were elevated in all patients. The amplitude of the pulse curve was