

three had signs of consolidation. . . . In this series there has been no death solely attributable to anaesthesia. . . .

"Out of 2,000 consecutive cases undergoing surgical procedures under anaesthesia, 101 had post-operative temperatures of over 100° F. with cough and sputum, and 46 developed post-operative cough with no rise in temperature. It soon became obvious that the type of operation and not the anaesthetic employed was the essential factor. . . . The site of operation is the most important factor. Any operation involving the abdominal wall is more likely to be followed by a cough than one in any other part of the body. The type of anaesthetic used has little bearing on the incidence of these complications. Intubation, per se, is not a factor. The incidence is higher in Service cases than in civilians. There is an increased seasonal incidence in February, June, and July. Diminished ventilation of the lung is a factor of importance. This is probably the result of pain on breathing. When the pain is past and the patient is able to ventilate his lung freely the complications subside rapidly. The more serious chest complications can be minimized by starting active movements as early as possible." 3 references.

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BURT, E. F.: *Pathologic Lesions of Asphyxia Neonatorum*. Pennsylvania M. J. 46: 1053-1055 (July) 1943.

"In the last 271 autopsies, I noted the lesions that seemed to be characteristic of asphyxia. If there were any other pathologic causes of death, I

eliminated them from the series. There were 55 cases in this series that showed the pathologic lesions caused by asphyxia, or 20 per cent of the cases, with no other cause of death. Many of the other autopsies in which there was a definite cause of death, other than asphyxia, also showed lesions of asphyxia. Curiously, the lesions did not follow a set pattern. The presence of one lesion did not preclude the finding of another. . . . The most constant finding was excessive fluid in the subarachnoid space, with the vessels of the pia raised above the brain surface. This has been referred to as cerebral edema; 41 of the 55 cases showed this condition. Accompanying this condition, the vessels of the pia mater were enormously engorged. Eighty per cent of the 41 cases showed other evidence of asphyxia either grossly or microscopically. Cerebral edema seemed to be a common lesion in the premature, for the majority of these cases came under that heading. This may be because the premature has fewer muscle and elastic fibers in the vessels making up the brain blood supply; in fact, in small babies, many of these are no more than endothelial shells. . . . The use of various analgesics and inhalation agents, by suppression of the respiratory center, probably contributed to the production of asphyxia. Seven mothers received ether during cesarean section. Seven mothers received whiffs of ether during the last stages of labor. Six mothers received morphine during labor. Forty-one mothers did not receive any analgesic or anesthetic." 9 references.

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