three had signs of consolidation. . . .
In this series there has been no death
solely attributable to anaesthesia. . . .
“Out of 2,000 consecutive cases under-
going 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 opera-
tion 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 re-
sult of pain on breathing. When the
pain is past and the patient is able to
ventilate his lung freely the complica-
tions subside rapidly. The more se-
rious chest complications can be mini-
mized by starting active movements as
early as possible.” 3 references.

J. C. M. C.

Burt, E. F.: Pathologic Lesions of
Asphyxia Neonatorum. Pennsyl-
vania M. J. 46: 1053–1055 (July)
1943.

“In the last 271 autopsies, I noted
the lesions that seemed to be character-
istic 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 as-
phyxia, 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 as-
phyxia, 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 ex-
cessive fluid in the subarachnoid space,
with the vessels of the pia raised above
the brain surface. This has been re-
ferred to as cerebral edema; 41 of the
55 cases showed this condition. Ac-
companying this condition, the vessels
of the pia mater were enormously en-
gorged. Eighty per cent of the 41
cases showed other evidence of as-
phyxia either grossly or microsopi-
cally. 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 elas-
tic 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 respira-
tory 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 re-
ceive any analgesic or anesthetic.” 9
references.

J. C. M. C.