

BAILEY, C. C., AND BETTS, R. H.: *Cardiac Arrhythmias following Pneumonectomy*. New England J. Med. **229**: 356-359 (August) 1943.

The occurrence of as rare a postoperative complication as auricular flutter or auricular fibrillation in 10 per cent of a series of 78 pneumonectomies is described in this paper. Nine cases are reported in which such abnormal rhythms (1 nodal tachycardia, 5 auricular fibrillations, 2 auricular flutters and 1 flutter-fibrillation) were detected at periods from two to nineteen days after operation. Seven of these operations were performed for bronchiogenic neoplasms and the other two for pulmonary abscess and tuberculosis. In two of these cases abnormalities of cardiac rhythm, paroxysmal tachycardia and extrasystoles, respectively, had been previously noted. In a further series of 63 lobectomies no such arrhythmias had been detected.

While principally concerned with the reporting of these cases, the authors do speculate as to the possible causative factors. One case in which auricular flutter appeared on the nineteenth day after operation had a pericarditis with effusion, and the tachycardia disappeared after drainage of the fluid. In the remaining cases, two factors are suggested: the shift in the mediastinum, both to the side of operation and later to the opposite side because of pleural effusion, and irritation of the vagus nerve from small infected areas in the thoracic cavity. With the exception of the case of pericarditis, none of these arrhythmias was accompanied by any signs of cardiac failure. They were all treated promptly with digitalis and in every case the rhythm had returned to normal in forty-eight hours or less.

[The transient nature of these disturbances of rhythm, and their occurrence in patients with no detectable

cardiac lesions before or after the event, and the return of the rhythm to normal with digitalis (which does not usually cause a fibrillation of the auricles to stop) suggests that they are due to a temporary stimulation through an extracardiac mechanism. It is easy to speculate on mechanisms which by direct or reflex means may accentuate the tachycardia which always follows such an operation as pneumonectomy to the extent that a partial auriculo-ventricular block appears. To determine with certainty the cause of these bizarre disturbances will not, however, be so simple, and it will only be possible to do so when the cases are investigated carefully as they arise, and measures are taken to exclude in each one such factors as vagal or sympathetic stimulation and gross distortion of the mediastinum by pleural effusion.]

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WILLIAMS, ASHBEL C., AND GURALNICK, WALTER C.: *The Diagnosis and Treatment of Ludwig's Angina*. New England J. Med. **228**: 443-450 (April 8) 1943.

The authors report a series of twenty cases of Ludwig's angina. They stress the fact that respiratory obstruction is the most serious and the most frequent complication occurring in this group of patients. The technic which they have found satisfactory for dealing with the respiratory obstructions consists of performing a tracheotomy preoperatively in the most serious cases or exposing the trachea under local anesthesia before the induction of general anesthesia. All patients received intravenous barbiturate anesthesia, and in two, tracheotomies were performed. There were two deaths in the series: one from hemorrhage from the tracheotomy wound on the third day, and one from delayed tracheotomy. This 10