LEVINSON, S. O.; JANOTA, M.; WESTON, R. E., AND NECHELES, H.: *Studies on the Therapy of Hemorrhagic Shock: II. The Effects of Iso-Osmotic and of Concentrated Serum and Plasma in Dehydrated Dogs.* Surg., Gynec. & Obst. 77: 475–480 (Nov.) 1943.

"In a previous paper the therapeutic effects of iso-osmotic and concentrated plasma protein solutions or hemorrhagic shock in normal dogs were compared. In this paper a comparable study on dehydrated dogs is presented. . . ."

"Our results indicate that the decrease in fluid reserves following water deprivation in dogs has a profound influence on the development and treatment of shock following multiple graded bleedings. The dehydrated animals not only developed a more severe shock after less bleeding but also did not respond as well to either iso-osmotic or concentrated serum or plasma than did the normal dogs. More important than this, however, these experiments demonstrate that in dehydrated and in normal animals concentrated plasma protein solutions are definitely inferior to iso-osmotic solutions in the treatment of post-hemorrhagic shock. In all degrees of post-hemorrhagic circulatory collapse, mild to severe, the clinical response, blood pressure, and carbon dioxide recovery, resistance to additional blood loss, and survival times of the dehydrated animals receiving concentrated serum or plasma was decidedly poorer than that of dehydrated normal animals receiving iso-osmotic solutions or of normal animals receiving concentrated solutions." 15 references.

A. W. F.

LOVE, J. G., AND WALSH, M. N.: *Protruded Intervertebral Disks.* Surg., Gynec. & Obst. 77: 497–509 (Nov.) 1943.

"Spinograms (air "myelograms") when considered as only a part of the examination and evaluated along with the history and other findings are of definite value, but alone they are often valueless. One of the most important uses for air in this group of cases is to exclude an unsuspected intraspinal neoplasm and the presence of multiple lesions. Air in our experience is practically valueless in thoracic and cervical intraspinal lesions. Its use in our hands is restricted almost entirely to those cases in which a lesion in the lumbar portion of the spinal canal is suspected."

"The technique we employ in dealing with patients suspected of having a protrusion of a lumbar disk is as follows: The patient is given a sedative, usually one of the barbiturates, about 30 to 45 minutes before being called to the x-ray room. He is placed on the right side on the tilting x-ray table while the table is horizontal. After the back has been cleansed with ether and alcohol two coats of tincture of merthiolate are applied to the skin of the entire lumbar region with the patient under local (1 per cent solution of procaine hydrochloride) anesthesia, a lumbar puncture needle is introduced into the subarachnoid space through the second lumbar interspace, that is, the space between the spinous processes of the 2nd and 3rd lumbar vertebrae. When fluid is obtained, a manometer (Ayertype) is connected and routinely the Queckenstedt test is performed. As has been stated, we do not expect to find a "block," for we are purposely puncturing above the site of the suspected lesion. After the pressures have been recorded, 10 to 15 cc. of fluid is collected and placed in a sterile bottle to be sent to the cerebrospinal fluid laboratory for the following tests: Wassermann, globulin, cell count, total protein, and colloidal curve. Then the patient's head is lowered 40 degrees

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