

"The cause of the disease is not known. The importance of tuberculosis as an etiological factor is debatable. Of all the cases reported, nine had an associated tuberculosis or 'probable tuberculosis' either at the time of the occurrence or later, but in none of these was it proved that the tuberculosis was the cause of the hemothorax. The escape of air into the pleural cavity may be explained by the rupture of an emphysematous bleb, air cyst, or subpleural vesicle. The onset is often preceded by an upper respiratory infection, and conceivably the attendant coughing and sneezing may cause a bleb to rupture. In many cases, however, there is no history of preceding illness, effort or strain which would cause a rise in intrapulmonic pressure with a consequent 'blowout.' Moreover, the rupture of a bleb does not account for the hemorrhage. Hopkins considers the tearing of adhesions, subsequent to the rupture of a bleb, as the most likely cause of the bleeding. According to Matson, the adhesions are supplied from the chest wall by collaterals of the intercostal vessels. Hartzell points out that collapse of the lung should not stop bleeding from adhesions, whereas it should exert a hemostatic effect on bleeding from blebs on the surface of the lungs.

"Postmortem examinations have not thrown light on the question of etiology. . . .

"Despite lack of anatomical proof, the rupture of an emphysematous bleb and the subsequent tearing of pleural adhesions are considered as the most likely cause of spontaneous hemothorax."

A. W. F.

MILLETT, J., AND SHELL, J.: *Meigs' Syndrome in a Case of Multilocular Pseudomucinous Cystadenoma of the*

*Ovary.* Am. J. M. Sc. 209: 327-335 (March) 1945.

"Meigs' syndrome can be regarded by definition as a simultaneous collection of abdominal and chest fluid due to a benign tumor of the pelvic organs."

"The etiologic factor is usually a benign fibroma of the ovary. . . .

"Important in the diagnosis of Meigs' syndrome is the finding of chest fluid and the finding of an abdominal tumor in association with ascites. . . .

"The differential diagnosis should include the consideration of all the diseases which will produce abdominal fluid and pleural effusion. . . .

"The prognosis in Meigs' syndrome is excellent if the ovarian tumor is removed.

"It thus behooves general practitioners, internal medicine men, and surgeons to keep this entity in mind. . . . When the examination of the pleural or ascitic fluid reveals no specific disease surgeons should be encouraged to perform exploratory laparotomy even when in their clinical judgment malignant disease with metastasis seems obvious. This should be done regardless of the apparently exhausted and cachectic condition of the patient."

A. W. F.

PAPPER, E. M.: *Convulsions during Inhalation Anesthesia.* Bull. U. S. Army M. Dept. No. 84: 81-85 (Jan.) 1945.

"Violent involuntary muscular contractions during inhalation anesthesia have occupied a place of increasing importance among anesthetic complications since the syndrome was first reported by Pinson. A total mortality rate of 18.9 percent was reported in 1937 in a complete review of the literature of 144 cases. Despite the gravity of the condition and the extensive investigations into its nature, the etiology remains obscure. . . .

"Usually the syndrome begins with muscle twitchings in the face. The twitching spreads to the rest of the body and assumes clonic and tonic phases which frequently result in cyanosis. The pupils are widely dilated and not responsive to light. When death occurs, it is asphyxial in nature with respiratory failure preceding circulatory collapse. When recovery results, transient or permanent injury to the central nervous system is not infrequent. . . .

"It is important to distinguish between true convulsions and 'ether clonus.' Lorhan and Payne describe ether clonus as a phenomenon of the induction phase of anesthesia before full surgical anesthesia is attained, consisting of clonic spasms of the arms and legs and lasting for a short time. True ether convulsions occur only during surgical anesthesia or at the end of the operation. The former is benign and is readily remedied by increasing oxygen tension, deepening the anesthesia or changing the position of the patient.

"Following is a report of six cases.

"Although chloroform administration was associated with effective cessation of convulsions on three occasions, it is questionable whether expectant treatment might not have been just as effective. . . .

"In the armed forces, where ideal equipment may not be available under all circumstances, a good practice in the treatment of convulsions during ether anesthesia is the administration of chloroform by open drop while an assistant prepares an ultra short acting barbiturate for administration by vein. In this way, in well-conditioned patients, some of the unfortunate results of convulsions during anesthesia may be avoided or minimized."

A. W. F.

KREISELMAN, JOSEPH: *The Treatment of Asphyxia*. J. Connecticut M. Soc. 9: 94-99 (Feb.) 1945.

"Asphyxia is a chemical phenomenon. In the severe forms of this disorder the blood is almost depleted of oxygen, there is an increase in the partial pressure of carbon dioxide, and there is a sharp rise in blood lactic acid. While these changes in the lactic acid, pH, and carbon dioxide tension are marked, it should be remembered that they are entirely secondary and that the primary blood chemical change in asphyxia is an extreme reduction in the oxygen content of the blood. . . .

The total infant mortality in the first day of life in the United States is more than 110,000 yearly. The prime factor in infant deaths in this first day of life is asphyxia. . . .

"The problems of treating neonatal asphyxia in no small measure revolve around the many faulty practices which are widespread. Among these may be listed the following: swinging the baby, dilating the sphincter, spanking, dousing with ether, hot and cold tubs, and all other forms of external stimulation. Because of the danger of brain hemorrhage it is self-evident that to hold a baby head down is exactly the wrong thing to do.

"Alpha-lobeline, metrazol, picrotoxin and coramine as well as all other so-called stimulants have no place in the treatment of apnea at birth because their effect on respiration is nil in the presence of anoxia; and it has been shown, the severe forms of apnea in neonatorum are regularly associated with anoxia.

"Mousel and Essex in working with these drugs have found that not only are they of no value in stimulating respiration and circulation when these centers are depressed, but that they actually increase the depression, often cause convulsions and they may even