pletely alleviated the morphine abstinence syndrome in man. It prevented the appearance of signs of physical dependence in men who were proven to be addicted to morphine.

Signs of Methadon abstinence syndrome are weakness, fatigue, anxiety, abdominal discomfort, anorexia, insomnia, slight fever, elevation of systolic blood pressure, tachycardia, depression of caloric intake, slight loss of weight, and alterations of glucose tolerance curves. These appeared the third day of abstinence and reached maximum intensity on the fifth to ninth day and subsided by the tenth or twelfth day. Signs of abstinence are mild in intensity.

Methadon should be classed as an addicting drug for four reasons: (1) Persons with known narcotic experience get a satisfactory subjective reaction from the drug. (2) Drug suppressed completely morphine abstinence syndrome. (3) It can be instituted satisfactorily for morphine in cases of known morphine addiction. (4) It produces a real, prolonged but mild withdrawal picture.

J. L. D.


"For reasons not altogether clear, a seriously wounded man, or a man depleted by blood loss during surgery, can often be resuscitated once with easy success, resuscitated to the point where he will tolerate the further strain of surgery. If he be allowed to slip into shock again, a second resuscitation is oftentimes either inadequate or impossible. Every surgeon who has dealt with these problems knows the importance of operating when the patient has achieved the best state he can in the minimum time. . . . In the treatment of shock as a preliminary to surgery we can restore blood volume and blood pressure to normal. This is possible. But is it necessary? We do not need to guess here, for we have a certain answer. It came out of work during the war. It is 'No.' 'No,' at least for organically sound individuals. We do not need to restore the blood volume and blood pressure to normal as a preliminary to safe emergency surgery. . . .

"The signs we need to guide us are trends rather than absolutes: most important are blood pressure and the circulation in the skin; how they swing is the important thing. When the blood pressure swings up and the systolic has reached an arbitrary level of 80 mm. of mercury, the pulse rate swings down, and the skin is warm and of good color, then patients are ready for surgery. Thus they are ready for surgery long before blood volume or blood pressure are restored to normal. In any consideration of resuscitation it must be remembered that surgery is an inseparable part of resuscitation." 1 reference.

J. C. M. C.


"Management of the cardiac patient includes preoperative, anesthetic, operative and postoperative procedures which interfere minimally with physiological function. All phases of surgical care are affected by the drugs and anesthetics used, but of paramount importance to the anesthesiologist is the actual anesthetic procedure. A technic should be selected that will provide optimal working conditions, yet will not jeopardize the patient's life and will enable him to recover postoperatively. . . . In traumatic cardiac conditions, such as foreign bodies in the heart, lacerations, and cardiac tamponade from hemorrhage, the patient is usually healthy and generally of good physical status. Whatever ear-