

Ten Patients, Circulation 15: 35 (Jan.) 1957.)

MITRAL INSUFFICIENCY Treatment consists in placing a special purse-string suture around the mitral valve and snugging it up to an optimal point so as to bring the diseased valve leaflets together. Twenty-seven patients were operated upon. Of the fourteen in intractable failure, only one is alive three months after surgery. Of the thirteen patients in chronic failure corrected before surgery, ten are living in a vastly improved state 2 to 16 months post-operatively. (*Glover, R. P., and Davila, C. D.: Treatment of Mitral Insufficiency by Purse-String Technique, J. Thoracic Surg. 33: 75 (Jan.) 1957.*)

HEPARIN NEUTRALIZATION Protamine may cause certain side effects which include an increase in clotting time if given in excess, a shock-like syndrome, or a thrombocytopenia. The correct dose of protamine to administer following extracorporeal circulation is difficult to estimate, because doses *in vivo* and *in vitro* required for neutralization may not be the same; preparations of heparin and protamine vary widely in their effect, and the quantity of protamine needed will decrease with increasing time from the point of heparin injection. A practical method is presented for the estimation of the neutralizing dose of protamine following the use of heparin for extracorporeal circulation. (*Hurt, R., and others: Neutralization of Heparin by Protamine in Extracorporeal Circulation, J. Thoracic Surg. 32: 612 (Nov.) 1956.*)

MONITORING Heart sounds of patients undergoing operation were routinely "broadcast" by attaching a pencil microphone through a Neoprene tubing to an ordinary diaphragm-type stethoscope taped to the skin over the precordium. The pre-amplifier and power amplifier were located outside the operating room. (*Fish, G. D., Jr., and Hochhauser, Martin: Routine Use of Amplified Heart Sounds During Surgery, Ann. Surg. 144: 1013 (Dec.) 1956.*)

PULSE PALPATION The origin of the art of pulse palpation may be accredited to Egyptians who wrote on the

subject 2000 to 3000 B.C. and were surprisingly near recognition of circulation of the blood. The ancient Chinese ritual of pulse taking was quite laborious and a time consuming affair, occupying several hours, with the pulse being studied with light, medium and heavy pressure in 11 different positions. In ancient India, over 100 treatises were published in Sanskrit on the subject, and over 600 different kinds of pulse recognized. Hippocrates regarded the arteries as being devoid of blood during life and in constant communication with the trachea. In the 19th Century, Robert James introduced the novelty of timing the pulse by the watch. (*Vakil, R. J.: Ars Sphygmica; History of Ancient Art of Pulse Palpations, J. Postgrad. Med. 1: 198 (Oct.) 1955.*)

PULSELESS DISEASE Pulseless disease is characterized by absence of pulsations in the carotid and radial arteries. It may be caused by syphilitic arteritis, aneurysm or injuries to the thorax. In addition, there is a group of patients consisting predominantly of young and middle aged women in whom the etiology is unknown. (*Kinney, J. R.: Pulseless Disease, Am. J. Med. 22: 331 (Feb.) 1957.*)

MATERNAL MORTALITY Analysis was made of the cause of maternal deaths in 104,703 live births. Two anesthetic deaths were reported for an incidence of 0.19 per 10,000 live births. One death was due to the aspiration of vomitus under ethylene-ether anesthesia. The second occurred in a preeclamptic patient during induction of anesthesia with cyclopropane. (*Krupp, P. J.: Maternal Mortality at Charity Hospital, Am. J. Obst. & Gynec. 73: 248 (Feb.) 1957.*)

OBSTETRICS In almost 35,000 spinal anesthetics for vaginal deliveries, no serious complications or neurological sequelae developed. With the mounting statistics in favor of spinal anesthesia, the single dose spinal anesthetic compares favorably with general inhalation anesthesia. (*Macer, G. A.: Spinal Anesthesia in More Than 34,000 Vaginal Deliveries, West. J. Surg. 64: 625 (Dec.) 1956.*)