

travenously and an endotracheal intubation performed orally in 75 per cent of the cases. The endotracheal tube is attached to a Leigh or Stephen-Slater valve and anesthesia maintained in first plane, third stage with nitrous oxide. Complications noted were (1) hypoxia during induction with changes in mentality, (2) asphyxia and death, (3) excessive premedication or anesthesia, (4) respiratory obstruction, (5) reflex irritation, (6) kinking of endotracheal tube, (7) blood or foreign body in trachea during maintenance or during recovery period, (8) laryngospasm, (9) vomiting and aspiration, (10) incorrect position of body in bed postoperatively and (11) convulsions. Dysphonia or granulomas of cords following endotracheal intubation were rare. There were no instances of infraglottic edema or pulmonary abscess. There was one case of cardiac arrest. (Ribeiro, Oscar V.: *Anesthesia for Tonsillectomy and Adenoidectomy by Dissection in Children; Observations in 8000 Cases, Postgrad. Med.* 21: 22 (Jan.) 1957.)

#### ACUTE GASTRIC DILATATION

Gas may aspirated into the stomach during inspiratory efforts against a closed or partially closed glottis. Also, the gas may be forced into the stomach by assisted respiration. Prevention or treatment is accomplished with ease by aspirating through a stomach tube. In cases of unexplained hypotension, make sure that acute gastric dilatation is not present. (Moyers, Jack: *Acute Gastric Dilatation, Postgrad. Med.* 21: 149 (Feb.) 1957.)

#### ADRENOCORTICAL STEROIDS

Of 28 patients operated upon, who had received steroid therapy at some time, 15 developed shock refractory to blood replacement. During the same period, 25 patients with similar conditions, who had never received adrenocortical steroids, were operated upon without a single episode of shock. Emphasis is placed on measuring the eosinophil response in recognizing patients who will require preoperative preparations with cortisone, hydrocortisone or adrenocorticotropine. The author recommends rather large doses of steroids in preparing selected patients for surgery as well as for the postoperative period. (Hayes, M. A.: *Surgical*

*Treatment as Complicated by Prior Adrenocortical Steroid Therapy, Surgery* 40: 945 (Nov.) 1956.)

**ADRENALECTOMY** Steroid replacement prior to operation consists of the administration of 50 mg. of cortisone intramuscularly every two hours for six doses the afternoon before surgery, and an additional 100 mg. of cortisone by mouth the morning of the operation. During adrenalectomy, hydrocortisone intravenously is administered at the rate of 20 mg. per hour. Postoperative management from the point of view of the internist is detailed, including management of adrenal crisis, hemorrhage and electrolyte displacement. (Lipsett, M. B., Li, M. C., and Pearson, O. H.: *Medical Management of Adrenalectomy and Hypophysectomy, A. M. A. Arch. Int. Med.* 96: 634 (Nov.) 1956.)

**DRUG EVALUATION** It is pointless to study a drug using a double-blind technique or any other method if initial screening studies indicate that the drug has little or no therapeutic value within a safe tolerable dosage range. Double-blind studies are most useful for evaluating the effects of drugs that are only moderately potent and notably when objective tests of therapeutic efficacy are not available. Examples of the utilization of techniques illustrate the proper systemic approach to the evaluation of drugs. (Moyer, John H.: *Psychosomatic Problem in Drug Evaluation, A. M. A. Arch. Int. Med.* 98: 608 (Nov.) 1956.)

**ANTAGONISTS** Respiratory minute volume was measured in 770 neonatal infants born (1) of mothers who had received meperidine for analgesia during labor and (2) of mothers who received meperidine and levallorphan, given simultaneously for analgesia during labor. The conclusion was drawn that levallorphan did not significantly increase the respiratory minute volume of the infants as compared with the group born of mothers to whom meperidine alone had been given. (Roberts, H., Kane, K. M., Snow, Percival P., and Please, N. W.: *Effects of Some Analgesic Drugs Used in Childbirth, Lancet* 1: 128 (Jan. 19) 1957.)