

Unfavorable reactions include pyrogenic reactions from the cellulose, leukopenia, and thrombocytopenia, hemolysis, changes in blood pressure, hemorrhage, postdialytic oliguria, and overloading with sodium from the rinsing fluid. Indications for the use of this instrument include: acute tubular nephrosis, hemoglobinuric and myohemoglobinuric nephrosis (the most frequent cause of free hemoglobin is an incompatible blood transfusion), nephrosis owing to specific renal toxins, acute glomerulonephritis, acute obstruction of the ureters, acute pancreatitis, the hepatorenal syndrome, acute renal failure supervening on existing renal disease, chronic uremia, intractable edema, and intoxications with primary nephrotoxic chemicals. (Kolff, W. J.: *Artificial Kidney*, *Circulation* 15: 285 (Feb.) 1957.)

**ARTIFICIAL KIDNEY** The authors give a description of their apparatus and an account of their experience based on 300 applications of dialysis. In a group of 62 postabortion patients treated conservatively, the mortality rate was 70 per cent in contrast to the mortality rate for a group of 62 postabortion patients treated with the artificial kidney which was 8 per cent. The mortality rate in anuria following transfusions of incompatible blood (19 cases) was 5 per cent as compared to the mortality rate of about 65 per cent reported by other authors who had not used the artificial kidney. The indications for dialysis are acute renal insufficiency in cases in which concentrations of urea are more than 350 mg. per 100 ml. of blood or in which severe electrolyte disturbances exist. Often one application of dialysis will produce a rapid convalescence, but sometimes two, three or four applications may be necessary. In cases of chronic renal insufficiency, the indications for dialysis should be limited to acute exacerbations of the disease or to the preparation of patients who will undergo surgical procedures for the improvement of renal function. (Hamburger, J., and Richet, G.: *Artificial Kidney*, *Bull. Acad. nat. méd.* 141: 12, 1957.)

**PERORAL ENDOSCOPY** For laryngoscopy, light general anesthesia (sodium Pentothal-nitrous oxide-Anectine) is being superimposed upon an already satisfactory topical anesthesia. Topical anesthesia plus

endotracheal anesthesia is being employed for esophagoscopy. (Eversole, V. H.: *Anesthesia for Peroral Endoscopy*, *Surg. Clin. North America* (June) 1956, p. 641.)

**TETANUS THERAPY** The "old therapeutic regimen" (sedation, antitetanus serum) carried a mortality of 27.2 per cent; addition of intravenous mephenesin and antibiotics reduced it to 18.2 per cent; additional drug-induced hibernation raised it to 52.3 per cent. (Veroness, R.: *Clinical Observations on 712 Cases of Tetanus Subject to Four Different Methods of Treatment*, *Am. J. M. Sc.* 232: 629 (Dec.) 1956.)

**MAXILLO-FACIAL INJURIES** Tracheotomy is almost invariably indicated in the severe injury, if not for the restoration of the airway, then certainly for the route of the anesthesia. Although local anesthesia alleviates many of the airway problems, it is not suitable in most instances. Of 1,305 injured patients treated over a five-year period, local anesthesia was administered to 885, general anesthesia to 283, and no anesthesia to 137. (Walden, R. H., and Bromberg, B. E.: *Recent Advances in Therapy in Maxillo-facial Bony Injuries in Over 1,000 Cases*, *Am. J. Surg.* 93: 508 (April) 1957.)

**SPARE PARTS** The technical aspects of using homografts are not insurmountable except for the barrier of the immunologic reaction of the host. Except in single ovum twins, the use of blood, bone, cartilage, blood vessels, corneas, fascia, and skin is a mechanical or physiologic aid to tide over an emergency. The solution to the problem of homograft survival rests on active acquired tolerance to tissues of another individual. This can occur in fetal life producing a chimera. In an adult the active immunologic response to antigen may be reduced or paralyzed by radiation or chemotherapy. Further investigations with improvements in techniques may make possible successful homografts in man. (Ferreebe, J. W., and Merrill, J. P.: *Spare Parts; Review with a Forward Look*, *Surgery* 41: 503 (March) 1957.)

**BLOOD TRANSFUSION REACTIONS** To avoid allergic reactions, it is recommended that fasting donors with no