

pozia and Hypercapnia, *Am. Heart J.* 53: 687 (May) 1957.)

ACIDOSIS The combination of a respiratory and metabolic acidosis occurred in a patient with arterial pH of 7.09 and little simultaneous change in arterial carbon dioxide content. The arterial carbon dioxide content was found misleading when mixed acid-base disturbance was present. (Fordham, C. C., and Reilman, A. S.: *Mixed Respiratory and Metabolic Acidosis*, *New England J. Med.* 256: 698 (April 11) 1957.)

EXTRACORPOREAL CIRCULATION A complete description of the use of extracorporeal circulation on 13 patients, of whom 8 survived, is given. An emphasis is made on the importance of metabolic acidosis occurring during heart operations, especially with by-pass. (Crafoord, C., and others: *Clinical Studies in Extracorporeal Circulation with Heart-Lung Machine*, *Acta chir. scandinav.* 112: 220 (March) 1957.)

POSTOPERATIVE PULMONARY COMPLICATIONS Using frequent chest roentgenograms postoperatively to determine pulmonary complications one group of patients was given breathing exercises and postural drainage. After twenty-four hours the incidence of pulmonary complications was significantly greater in the control group over those who were given pulmonary physiotherapy. (Wiklander, O., and Norlin, U.: *Effective Physiotherapy on Postoperative Pulmonary Complications*, *Acta chir. scandinav.* 112: 246 (March) 1957.)

EXERTIONAL DYSPNEA Primary muscular atrophy and amyotrophic lateral sclerosis may be associated with exertional dyspnea early in the course of the disease process before muscular atrophy and fasciculations in classic locations become evident. The clinician should consider these neurologic conditions in the differential diagnosis of dyspnea, especially if the cardiac and pulmonary findings are not compatible with the degree of respiratory disability. (Miller, R. D., Mulder, D. W., Fowler, W. S., and Olsen, A. M.: *Exertional Dyspnea: Primary Complaint in Unusual Cases of Progressive Muscular Atro-*

phy and Amyotrophic Lateral Sclerosis, *Ann. Int. Med.* 46: 119 (Jan.) 1957.)

ALVEOLAR HYPOVENTILATION A syndrome of alveolar hypoventilation and congestive heart failure occurred in a patient with normal lungs and chest bellows. Abnormally low ventilatory response to both exercise and carbon dioxide re-breathing indicated the primary role of impaired sensitivity of the respiratory center in etiology of the syndrome. (Richter, T., West, J. R., and Fishman, A.: *Syndrome of Alveolar Hypoventilation and Diminished Sensitivity of Respiratory Center*, *New England J. Med.* 256: 1165 (June 20) 1957.)

PULMONARY INSUFFICIENCY Pulmonary insufficiency may appear in one or more of the following forms: (1) a restrictive ventilatory defect characterized by inability of the patient to expand his thoracopulmonary structures normally, (2) an obstructive ventilatory defect in which the patient is unable to move air in or out of his chest at a normal rate, and (3) defects in blood-gas transport, that is, venous-arterial shunt, edematous alveolar-capillary membrane. Most patients with chronic pulmonary insufficiency cannot be cured but control is imperative. The essential objectives are (1) clear airways, (2) control of infection, and (3) good exchange of oxygen and carbon dioxide. (Moore, D. C., Morgan, E. H., and Yore, R. W.: *Postoperative Care of Patient with Chronic Respiratory Disease*, *GP* 15: 75 (June) 1957.)

RESPIRATION AND EMOTIONS Emotional states may have a profound effect upon the respiratory system. Dyspnea with actual bronchial narrowing (observed bronchoscopically by the author) is not an uncommon manifestation. Pharmacotherapy may be unsuccessful without elimination of psychic factors. (McCombs, R. P.: *Influence of Emotions upon Respiratory Tract*, *Bull. Tufts New England Med. Center* 3: 29 (Jan.-March) 1957.)

VISCERAL AFFERENTS Exploration of spinal cords in cats with a recording microelectrode supports the view that visceral afferent fibers ascend the spinal cord in the same regions as homologous somatic