

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

afferents. (Downman, C. B. P., and Evans, M. H.: *Distribution of Splanchnic Afferents in Spinal Cord of Cat*, *J. Physiol.* 137: 66 (June 18) 1957.)

CARDIAC ARRHYTHMIA Of 70 patients surviving thoracic surgery, 16 developed postoperative atrial arrhythmias. Prophylactic doses of quinidine and atropine are recommended in the immediate postoperative period. (Corney, C. I.: *Prophylaxis of Cardiac Arrhythmias Complicating Pulmonary Surgery*, *J. Thoracic Surg.* 34: 105 (July) 1957.)

CAPILLARY RESISTANCE Immediate capillary response did not develop during spinal anesthesia or during quietly induced inhalation anesthesia. The immediate response did occur after respiratory difficulty as well as after clinical or subclinical anoxia. During the immediate capillary response the plasma contained a substance with properties similar to those of vasopressin. (McCarthy, H. H., Kramar, J., Meyers, V. W., Diets, N., and Williams, J. W.: *Capillary Resistance in Response to Anesthesia and Surgery*, *A. M. A. Arch. Surg.* 74: 908 (June) 1957.)

ANTAGONIST Addition of levallorphan to levorphan in this series did not clinically reduce respiratory depression and seemed to increase incidence of nausea and vomiting. (Rankin, J., Mehnert, J., and Curreri, A. R.: *Effect of Levallorphan Tartrate on Levorphanol Tartrate Analgesia in Postoperative Patients*, *A. M. A. Arch. Surg.* 74: 602 (April) 1957.)

BARBITURATE POISONING Five hours of hemodialysis removed 1 gram of amobarbital and secobarbital from a 63-year-old female who had ingested between 2.0 and 2.5 grams of the above barbiturates. Dialysis was thought to significantly accelerate recovery. (Pender, J. C., Beebe, R. T., Garrett, J. J., and Kiley, J. E.: *Emergency Treatment of Barbiturate Intoxication with Hemodialysis*, *Ann. Int. Med.* 46: 997 (May) 1957.)

NOLUDAR This is a nonbarbiturate hypnotic used in doses of 200 to 250 mg. In comparing 70 patients receiving Nembutal the night before and Demerol preoperatively with 70 patients receiving 200

mg. of Noludar the night before and 400 mg. of Noludar preoperatively, no significant difference was noted. (Radnay, P. A.: *Noludar, Useful Sedative-hypnotic Drug*, *Postgrad. Med.* 21: 617 (June) 1957.)

TRANQUILIZERS Tranquilizers are useful therapeutic agents but a basis for rational use still remains to be developed. Their secondary reactions may affect patients preoperatively and postoperatively, as well as during anesthesia. (Moyer, J. H., Pevey, K., and Kinross-Wright, V.: *Tranquilizing (Ataractic) Agents: Current Evaluation of Their Clinical Use in Patients Who Are Not Hospitalized*, *GP* 15: 97 (June) 1957.)

TRANQUILIZER The death rate of mice receiving amphetamine was reduced by administration of phenobarbital, chlorpromazine or reserpine. (Lasagna, L., and McCann, W. P.: *Effect of Tranquilizing Drugs on Amphetamine Toxicity in Aggregated Mice*, *Science* 125: 1241 (June 21) 1957.)

LOCAL ANESTHESIA Use of Carbocaine in 1,501 procedures produced the impression that it is of longer duration, perhaps less toxic and may be effective with lower concentrations of epinephrine. (Dhuner, K. G., Oljelund, O., and Agesen, G.: *Carbocaine, New Local Anesthetic Agent*, *Acta chir. scandinav.* 112: 350 (April) 1957.)

TRACHEOTOMY Twenty-five tracheotomies were done in 10,709 major surgical patients under local or general anesthesia. The former technique is preferable and often the only safe method to use. (Whitaker, H. T., and Lee, S. S.: *Indications for Tracheotomy*, *Ann. Surg.* 145: 974 (June) 1957.)

EVALUATION FOR SURGERY The reduction of operative morbidity and mortality requires greater attention to the preoperative study and preparation of the patient. Recording of fluid input and output and the routine use of the bedside cough test, vital capacity, blood volume determination and sigmoidoscopic examination are recommended. Use of elastic stockings and intelligent efforts at dietary