

reduce radiant heat and provide color correction; provision for automatic switch-over to auxiliary power during a general power failure; and use of a variable voltage transformer so amount of light can be altered with need. Use of adequate cool white fluorescent lamps for room lighting in the operating room and recovery room and more widespread use of properly shielded ultraviolet lights to reduce the spread of air-borne infection is urged. (*Haynes, H., and Staley, K. A.: Reflections on Hospital Lighting, Mod. Hosp. 89: 120 (July) 1957.*)

**HYPNOSIS** A series of 41 patients was treated with hypnosis. Success was attained in about 90 per cent, which is the usual figure quoted for ability to induce hypnosis by any one therapist. In this series the psychosomatic cases—that is, patients with asthma and eczema—responded well to suggestion and hypnotic psychotherapy. (*Stewart, H.: Some Uses of Hypnosis in General Practice, Brit. M. J. 1: 1320 (June 8) 1957.*)

**HYPNOSIS** Of 120 patients treated by hypnosis, 23 were failures. Cases of asthma in children, dysmenorrhea, duodenal ulcer, petit mal, cardiac neurosis, and skin affection gave the best results. (*Fry, A.: Scope for Hypnosis in General Practice, Brit. M. J. 1: 1323 (June 8) 1957.*)

**ANESTHESIA FOR AMBULANT PATIENTS** Light surgical anesthesia without respiratory depression can be produced with intravenous meperidine premedication plus 4 mg./kg. of methoxyallyl phenoxyacetic-diethylamid (not a barbiturate) administered intravenously and inhalation of nitrous oxide and oxygen. The patients awaken in four minutes after the injection, and in 20 to 30 minutes they can leave the clinic without having had any nausea or vomiting. (*Frey, R.: Anaesthetist 6: 170, 1957.*)

**ERYTHROBLASTOSIS** As transfusions to women before and during the childbearing period increase in number, erythroblastosis due to anti-C, anti-E and anti-Kell antibodies will increase. Hence,

transfusions to a woman in this age group should be limited to those situations in which the benefit outweighs the loss of her future children. Although we cannot prevent sensitization owing to pregnancy, we can prevent most sensitization due to transfusion. (*Chown, B.: On Erythroblastosis: Prevention is Better Than Cure, If You Can Cure It, Postgrad. Med. 22: 107 (July) 1957.*)

**BIRTH INJURY** At least some of the spastic and athetoid forms of cerebral palsy are caused by birth injury. A generalized fall in systemic blood pressure, while obviously augmenting a compression injury, of itself produces cerebral atrophy characteristically localized to the zone between two main arterial fields of supply. Anoxia, if sufficiently severe, ultimately leads to sudden circulatory collapse adequate to explain such lesions. (*Norman, R. M., Urich, H., and McMenemey, W. H.: Vascular Mechanisms of Birth Injury, Brain 80: 49 (March) 1957.*)

**MORTALITY** Recent statistics show that patients with arteriosclerotic heart disease without occlusion are subject to a mortality rate two and a half times greater than that of standard risks. With coronary occlusion (after three months survival) the mortality rate is increased four times. (*Lew, E. A.: Some Implications of Mortality Statistics Relating to Coronary Artery Disease, J. Chronic Dis. 6: 192 (Sept.) 1957.*)

**MORTALITY RATE** During the period 1946 to 1952 the postoperative mortality from thyroid crisis was 9.1 per cent following thyroidectomy under local and general anesthesia on 66 patients with toxic goiter at the Heidelberg University Hospital. From 1953 to 1955 the mortality rate has been zero after operations on 20 patients under endotracheal barbiturate, curare, nitrous oxide anesthesia. This success is attributed to "vegetative blocking" with individual doses of the following drugs—reserpine, procainamide, meperidine, promethazine, Hydergine, thiopental, Luminal, magnesium and Pyramidon. (*Kolb, E.: Langenbecks Arch. u. Dtsch. Ztschr. Chir. 286: 18, 1957.*)