

retention and potassium excretion was isolated four years ago and named aldosterone. Recently a definite correlation between a lowered sodium/potassium urinary ratio and an increased urinary aldosterone concentration (presumably reflecting increased adrenocortical production) has been demonstrated. The state of postoperative aldosteronism provides a rational basis for restraint in the use of saline, since the resultant overloading contributes to postoperative nausea and malaise, edema in the wound and lung bases and to intracellular "sodium-shift" (replacement by sodium of potassium normally present intracellularly in order to maintain osmolarity). It is likely that, in patients exhibiting "postoperative acute adrenocortical insufficiency," normal postoperative aldosteronism is absent; and, when aldosterone is available for clinical purposes, it will deserve a trial in the treatment of this syndrome to see whether it is as effective as, if not more than, hydrocortisone. (Llaurado, J. G.: *Clinical Implications of Postoperative Transient Aldosteronism*, J. A. M. A. 167: 1229 (July 5) 1958.)

GULLAIN-BARRE SYNDROME FOLLOWING SPINAL Nine days following spinal anesthesia for gastrectomy a patient developed Guillain-Barre Syndrome, starting with numbness of the tongue, shoulders and arms and progressing to complete paralysis. Tracheotomy and respirator care lead to complete recovery. (Orringer, D.: *Gastrectomy Complicated by Guillain-Barre Syndrome*, A. M. A. Arch. of Surg. 76: 447 (Mar.) 1958.)

THORACIC SURGERY Using Dr. Noel Gillespie's detailed punch card records, a review of recorded experience with anesthesia for thoracic surgery from 1941 to 1955 is presented largely in tabular form. The changing fashion from cyclopropane to nitrous oxide and supplements can be seen. The change in types of operations performed, progressive increase in duration of operation and in complications experienced are illustrated in a series of three worthwhile articles. (DeKornfeld, T., Gale, J., and Bamforth, B.: *Fifteen-year Study of Anesthesia for 6301 Cases*

of Thoracic Surgery, A. M. A. Arch. of Surg. 76: 914 (June) 1958; and Bamforth, B., Gale, J., and DeKornfeld, T.: *Fifteen-year Study for 2186 Cases of Pulmonary Resection*, A. M. A. Arch. of Surg. 76: 914 (June) 1958; and DeKornfeld, T., Gale, J., and Bamforth, B.: *Factors Concerned in Incidence of Death in 2186 Cases of Pulmonary Resection*, A. M. A. Arch. of Surg. 76: 914 (June) 1958.)

ANALGESIA TECHNIQUE Inhalation of 100 per cent oxygen, controlled respiration and mild depression with thiopental sodium and Demerol are a recommended method of anesthesia for cardiac surgery. Relaxant drugs are used only for intubation. Gentle manipulations by the surgeon while working within the thorax make it possible to manage the patient in an analgesic state during which the patient is able to obey simple commands. (Bailey, P., Gerbode, F., and Garlington, L.: *Anesthetic Technique for Cardiac Surgery which Utilizes 100 Per cent Oxygen as the Only Inhalant*, A. M. A. Arch. of Surg. 76: 437 (Mar.) 1958.)

MASS CASUALTIES When mass casualties occur the scarcity of trained anesthetists as well as other physicians will necessitate supervision of several technicians by an anesthesiologist. Simplified techniques (open ether or chloroform) will be necessary and perhaps regional or local anesthesia if syringes are available. Short cuts and compromises will be necessary to permit treatment of the greatest number of casualties per unit of time. (Ziperman, H.: *Principles in Surgical Management of Mass Casualties*, A. M. A. Arch. of Surg. 77: 1 (July) 1958.)

CHRONIC ANEMIA The anemia of chronic blood loss is due to a deficiency of iron. Liver, vitamin B¹², folic acid, and other vitamins are of no known value. Transfusions are justified only if: (1) the rate of bleeding is rapid, (2) immediate operation is important, or (3) the anemia subjects the patient to a risk exceeding that of transfusion. Iron, not blood transfusion, is the treatment of choice for patients with the anemia of chronic blood loss who are scheduled for elective operations. (Beutler, E.: *Preoperative Man-*