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Surgery

CARDIAC ARREST TEAM The cardiac arrest team at Bryn Mawr Hospital consists of two medical residents, a cardiologist, an anesthesiologist, floor nurses, a nurse from the intensive care unit (with the cardiac arrest cart), a surgical resident (to do a venous cutdown) and an ECG technician. During the period from January through November 1965 there was an average of seven physicians at each of their 43 episodes of cardiac arrest, with a 46 per cent success rate after one hour. However, only 18 per cent of these patients were subsequently discharged from the hospital. Their success rate was better during daytime hours (52 per cent against 30 per cent at night) and with elderly patients (50 per cent success on patients 70 years or older). All of those patients who eventually went home had arteriosclerotic heart disease as their major problem and six of the seven had a myocardial infarction. No patient that survived exhibited any significant cerebral impairment. (Robinson, H. J., and Nolph, K.: *Cardiac Arrest Team: The Bryn Mawr Hospital*, *Amer. J. Med. Sci.* 255: 59 (Sept.) 1966.)

DIABETES Preoperative care in the diabetic patient undergoing surgery of the extremities is outlined. It is best to spend 24 to 48 hours preoperatively to adjust insulin dosage and to regulate the diet to provide at least 100 g. of carbohydrates per day. Protein intake should be 120 to 140 g. per day if possible. In the day of surgery, one half the usual morning dose of insulin is given and an intravenous glucose solution is begun. Additional insulin is given within 2 or 3 hours after the operation at which time a blood sugar determination is available. Urine sugar is tested every 2 to 4 hours and insulin given as indicated. Spinal anesthesia is ordinarily employed for extremity procedures as this anesthetic interferes the least with the resumption of oral intake. (Root, H. F.: *Preoperative Medical Care of the Diabetic Patient*, *Postgraduate Med.* 40: 439 (Oct.) 1966.)