

ministration. Side-effects of pentazocine may be more pronounced in ambulatory patients and in those experiencing minimal pain. (Berkowitz, B. A., and others: *Relationship of Pentazocine Plasma Levels to Pharmacological Activity in Man, Clin. Pharmacol. Ther.* 10: 320 (May) 1969.)

Surgery

O.R. NURSE SHORTAGE In spite of the shortage of qualified personnel for operating room work, the average operating room nurse is doing little to cope with the problem. She resents the inroads being made by non-professionals and by nurses with Associate or Baccalaureate degrees. She accepts the role of clinical teacher grudgingly when called upon to educate student nurses or clinical technicians. She prefers not to participate in monthly in-service classes or to use the operating room library. She feels that such activities are unnecessary, time-consuming, and unimportant to her job. Although she is a hard and efficient worker, the O.R. nurse prefers to leave leadership roles to her supervisor. Somehow these problems must be solved in the near future by medical and paramedical personnel. (Ginsberg, F.: *Why There is a Shortage of O.R. Nurses, Modern Hosp.* 112: 130 (March) 1969.)

DIALYSIS DISEQUILIBRIUM Hemodialysis, peritoneal dialysis, or other methods of dialysis used in the management of patients with severe acute and chronic renal failure may result in a serious complication known as the dialysis disequilibrium syndrome. Manifestations of the syndrome include headache, nausea, vomiting, twitching, tremors, disorientation, convulsive seizures, ventricular tachycardia, and cardiac irregularities. The patient usually recovers, but convulsions, coma, and death may follow. The concepts concerning the pathophysiologic mechanisms and agents involved in production of the clinical manifestations of this syndrome include: 1) cerebral edema due to "reverse urea effect"; 2) hypoglycemia; 3) alterations in P_{aCO_2} or pH; 4) increase in K^+/Ca^{++} ratio and shift in electrolytes; 5) overhydration from excessive water loading; 6) significant hyponatremia. (Wakim, K. G.: *The Pathophysiology of the Dialysis Disequilibrium Syndrome, Mayo Clin. Proc.* 44: 406 (June) 1969.)

INTRAVENOUS FEEDING The methods and results of total intravenous feeding in infants and adults were evaluated. Catheters were placed by means of a percutaneous puncture of a subclavian vein using strict aseptic techniques. Alternate routes used were the external jugular vein and internal jugular vein, which were surgically exposed in infants weighing less than ten pounds. With all methods, the distal tip of the catheter was located in the superior vena cava. Every two or three days, the intravenous tubing was changed and, using aseptic technique, the skin around the puncture hole was cleaned with ether, painted with two per cent iodine and antibiotic ointment, and covered with a sterile occlusive dressing. A hypertonic (1,800- to 2,000-millimole) nutrient solution was used. It contained glucose, fibrin hydrolysate, minerals, and vitamins. Electrolytes were added as necessary. The solution supplied 6 g nitrogen and 1,000 cal per liter. Three hundred adult patients fed exclusively by vein for seven to 210 days showed weight gains, increased strength and strongly positive nitrogen balances. Twelve newborn infants nourished by intravenous feeding for seven to 400 days showed constant and predictable weight gains. (Dudrick, S. J., and others: *Can Intravenous Feeding as the Sole Means of Nutrition Support Growth in the Child and Restore Weight Loss in an Adult?—An Affirmative Answer, Ann. Surg.* 169: 974 (June) 1969.)