suggest that in hyperthermic patients the concentration of halothane needed to maintain anesthesia might be increased. It is unlikely that MAC's for other agents will be equally affected, since previous reports have shown marked differences between agents in the effects of hypothermia on anesthetic requirements.[1,2,3] However, since our data suggest that the results obtained with halothane during hypothermia can be extrapolated to the hyperthermic state (fig. 2), perhaps similar extrapolations may be made with other agents. If so, then methoxyflurane MAC[2] and isoflurane MAC[11] would show changes with hyperthermia similar to halothane MAC changes, whereas changes with ether and fluroxene MAC's would be less, and changes with cyclopropane MAC would be least of all.[1,2]

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Neonatology

BLOOD CLOTTING FACTOR LEVELS Fibrinogen and factors V, II, and VII + X were assayed on the first, second, third and tenth days of life in 96 premature infants. "Sick" premature infants, most with respiratory distress syndrome (RDS) were compared with "thriving" premature infants. In the "thriving" infants, the mean clotting factor level appeared independent of gestational age. Fibrinogen and factor V levels correlated well in thriving as well as sick infants, and were significantly decreased in sick infants. Factors II and VII + X were consistently low on the first day of life in both groups. They increased progressively but had not reached adult levels by the tenth day of life despite routine vitamin K_1 administration. Overall mortality and hemorrhagic manifestations related inversely to the blood clotting factor levels.

The source of the diminished concentrations of blood clotting factors, *i.e.*, diminished production (immaturity, toxicity, etc.) or increased consumption (*i.e.*, disseminated intravascular coagulation) is not apparent. *(Jensen, A.H., Josso, F., Zamet, P., and others: Evolution of Blood Clotting Factor Levels in Premature Infants during the First 10 Days of Life. Pediatr Res 7: 638–644, 1973.)*