

duced a lethal result. (*Diddle, A. W., and others: Prenatal Mortality in Three General Hospitals, Obst. & Gynec. 8: 323 (Sept.) 1956.*)

**KYPHOSCOLIOSIS** Some advance may have been made in prolonging the life and increasing the functional capacities of the kyphoscoliotic. Nevertheless, the inexorable progress of events leads to ultimate failure of the respiratory and circulatory systems. (*Gray, D., Jr.: Kyphoscoliosis and Heart Disease, J. Chron. Dis. 4: 499 (Nov.) 1956.*)

**NEUROSURGERY** The lateral sitting position allows operations in the posterior fossae of the skull or cervical column to be continued when falls in blood pressure necessitate lowering the head from a sitting position. (*Bengochea, F. G., and Fernandez, J. C.: Lateral Sitting Position, J. Neurosurg. 13: 520 (Sept.) 1956.*)

### RESUSCITATION OF NEWBORN

No drug can be relied upon as the sole measure in this emergency situation, but like a crank for a motor, they may produce a few gasps and thereby induce a more normal mechanism. Most of them are of dubious value, and may be dangerous. If maternal respiratory and circulatory depression is avoided throughout labor, the condition of the infant at birth is unrelated to anesthesia and analgesia. If the correct drug is employed and there is no mismanagement of anesthesia, there is no relation of the use of pain relieving drugs or methods to maternal or infant mortality. For premature infants, local infiltration or conduction anesthesia is safer for delivery. Nine useful principles for selection of anesthetic method are outlined. The success of an obstetric anesthesia service depends on the interest and availability of capable anesthesiologists, and of understanding, co-operative obstetricians. (*Special Committee on Infant Mortality of the Medical Society of the County of New York; Resuscitation of Newborn Infants, Obst. & Gynec. 8: 336 (Sept.) 1956.*)

**FIBRILLATION** The incidence of ventricular fibrillation during cardiac exploration in four groups of hypothermic dogs was as follows: Controls, 80 per cent; hyperventilated controls, 40 per cent; Am-

bonestyl (2-diethylaminoethyl-isonicotinamide) treated, 30 per cent; hyperventilated and Ambonestyl treated, 0 per cent. (*Covino, B. G., and Hegnauer, A. H.: Hypothermic Ventricular Fibrillation and Its Control, Surgery 40: 475 (Sept.) 1956.*)

**FIBRILLATION** Subepicardial infiltration of 5 cc. of 1 per cent procaine at the junction of superior vena cava and right atrium, prevented ventricular fibrillation during, and death in the first twenty-four hours following intracardiac exploration of hypothermic dogs. Eighteen of twenty control animals developed ventricular fibrillation, and 65 per cent died during first postoperative twenty-four hours. All of eight dogs who received either intravenous or intrapericardial procaine, developed ventricular fibrillation during the operative procedure. (*Radigan, L. R., and others: Prevention of Ventricular Fibrillation in Experimental Hypothermia, Surgery 40: 471 (Sept.) 1956.*)

**HYPOTHERMIA** Induced depression of body temperature to 28–31 C. was accomplished for 30 noncardiac operations, with two deaths and one third degree burn. The method was advantageous (1) when the arterial supply to an organ or a portion of the body was necessary for a longer period of time than would have been safe at normal body temperature and (2) when the hepatotoxic effect of anesthetic agents had to be minimized, as in portacaval anastomosis in patients with advanced cirrhosis. The hypothermic subject withstands blood loss poorly, and hypovolemia, shock, and cardiac failure are apt to occur during the period of warming. Yet most of the usual indicators of impending shock are rendered inoperative by physiological effects of the cold. When working in the abdomen, the surgeon does not have the heart in direct view, as he does when working in the chest, so the anesthesiologist must keep an ever watchful eye on the cardioscope or electrocardiograph, to detect cardiac irregularities at the earliest moment. (*Eiseman, B., and others: Hypothermia in General Surgery, New England J. Med. 255: 750 (Oct. 18) 1956.*)

**HYPOTHERMIA** Between 36 and 26 C. there is a logarithmic relationship be-