

**THE TRACHEAL BRONCHUS** In certain mammals a bronchus arises directly from the right side of the trachea. Two cases of this anomaly in man are presented. These are examples of a displaced apical segment. "Philosophers may take delight in noting that man has lost a bronchus that is present in the sheep and pig, but what is man's place in nature if that also places him in a class with the cat, the rat and reptilia?" (*Schaff, B., and Baum, G.: The Tracheal Bronchus, J. Thoracic. Surg. 33: 282 (Feb.) 1957.*)

**VALSALVA TEST** In 23 patients with left or right ventricular failure or aortic or mitral stenosis, an abnormal response to the Valsalva maneuver was noted. In an additional 26 patients an abnormal response was obtained only upon changing the body position. The use of the Valsalva maneuver in the way described affords a simple bedside test for detection of early left ventricular failure and of tight mitral and aortic stenosis in the absence of severe right ventricular failure. (*Gorlin, R., Knowles, J. H., and Storey, C. F.: Valsalva Maneuver as Test of Cardiac Function, Am. J. Med. 22: 197 (Feb.) 1957.*)

**ARTIFICIAL RESPIRATION** A method of performing manual artificial respiration with the patient in the sitting position is described. Data from 6 patients indicate that an average tidal exchange of 450 to 1,000 cc. could be maintained. (*Ruben, H.: Manual Artificial Respiration in Sitting Position, Lancet 1: 134 (Jan. 19) 1957.*)

**INTRACTABLE ASTHMA** Lung denervation is done by bilateral resection of the branches of the vagus nerve going to the lungs, plus section of the rami communicantes of the sympathetic trunk from the second to fifth thoracic vertebrae. Bilateral lung denervation was accomplished in twelve patients and unilateral in seven patients. Of the 19 patients, results were very good in ten and good in seven. One patient is unchanged and one is dead. After operation, allergic and infectious processes of the lung have regressed and the bronchi have relaxed. (*Dimitrov-Szokodi, D., Husveti, A., and Balogh, G.: Lung*

*Denervation in Therapy of Intractable Bronchial Asthma, J. Thoracic Surg. 33: 166 (Feb.) 1957.*)

**ALTITUDE** Polycythemia and pulmonary hyperventilation are the most important compensatory mechanisms for adjustment to the 95 mm. Hg partial pressure of oxygen in atmospheric air at 12,000 feet altitude. Because hyperventilation is so important, opiates are not included in pre-anesthetic medication, but small amounts of pentobarbital or secobarbital do not seem to cause significant respiratory depression. Spinal anesthesia is avoided because of the high incidence of postspinal headache. Induction of nitrous oxide-oxygen-ether anesthesia is unusually slow, and deep anesthesia is invariably followed by slow awakening with hypotension, headache and nausea. Long acting curare-like agents may cause respiratory depression in the post operative period. Succinylcholine with cyclopropane or very light ether anesthesia and controlled respiration seems to solve many of the anesthesia problems encountered at high altitudes. Increased pulmonary ventilation must be maintained during and after anesthesia. (*Safar, Peter: Anesthesia at High Altitude, Ann. Surg. 144: 835 (Nov.) 1956.*)

**FOREIGN BODIES** Coughing, choking, gagging and wheezing are the first indications of the aspiration accident. Symptoms then may disappear. The third stage appears days or weeks later as complications develop. Only those foreign bodies causing respiratory obstruction are acute emergencies. The management of all others should include careful diagnosis as to location and position, and careful preparation of instruments used for removal. General anesthesia is not used except in extremely uncooperative children. (*Holinger, P., and Johnston, K. C.: Foreign Bodies in Air and Food Passages, Postgrad. Med. 20: 619 (Dec.) 1956.*)

**TONSILLECTOMY** With the child virtually asleep from premedication, induction is carried out with nitrous oxide-oxygen and cyclopropane and then ether. Vinethene or ethyl chloride are not employed. Then succinylcholine is given in-

travenously and an endotracheal intubation performed orally in 75 per cent of the cases. The endotracheal tube is attached to a Leigh or Stephen-Slater valve and anesthesia maintained in first plane, third stage with nitrous oxide. Complications noted were (1) hypoxia during induction with changes in mentality, (2) asphyxia and death, (3) excessive premedication or anesthesia, (4) respiratory obstruction, (5) reflex irritation, (6) kinking of endotracheal tube, (7) blood or foreign body in trachea during maintenance or during recovery period, (8) laryngospasm, (9) vomiting and aspiration, (10) incorrect positioning of body in bed postoperatively and (11) convulsions. Dysphonia or granulomas of cords following endotracheal intubation were rare. There were no instances of infraglottic edema or pulmonary abscess. There was one case of cardiac arrest. (Ribeiro, Oscar V.: *Anesthesia for Tonsillectomy and Adenoidectomy by Dissection in Children; Observations in 8000 Cases*, *Postgrad. Med.* 21: 22 (Jan.) 1957.)

#### ACUTE GASTRIC DILATATION

Gas may aspirated into the stomach during inspiratory efforts against a closed or partially closed glottis. Also, the gas may be forced into the stomach by assisted respiration. Prevention or treatment is accomplished with ease by aspirating through a stomach tube. In cases of unexplained hypotension, make sure that acute gastric dilatation is not present. (Moyers, Jack: *Acute Gastric Dilatation*, *Postgrad. Med.* 21: 149 (Feb.) 1957.)

**ADRENOCORTICAL STEROIDS** Of 28 patients operated upon, who had received steroid therapy at some time, 15 developed shock refractory to blood replacement. During the same period, 25 patients with similar conditions, who had never received adrenocortical steroids, were operated upon without a single episode of shock. Emphasis is placed on measuring the eosinophil response in recognizing patients who will require preoperative preparations with cortisone, hydrocortisone or adrenocorticotropine. The author recommends rather large doses of steroids in preparing selected patients for surgery as well as for the postoperative period. (Hayes, M. A.: *Surgical*

*Treatment as Complicated by Prior Adrenocortical Steroid Therapy*, *Surgery* 40: 945 (Nov.) 1956.)

**ADRENALECTOMY** Steroid replacement prior to operation consists of the administration of 50 mg. of cortisone intramuscularly every two hours for six doses the afternoon before surgery, and an additional 100 mg. of cortisone by mouth the morning of the operation. During adrenalectomy, hydrocortisone intravenously is administered at the rate of 20 mg. per hour. Postoperative management from the point of view of the internist is detailed, including management of adrenal crisis, hemorrhage and electrolyte displacement. (Lipsett, M. B., Li, M. C., and Pearson, O. H.: *Medical Management of Adrenalectomy and Hypophysectomy*, *A. M. A. Arch. Int. Med.* 96: 634 (Nov.) 1956.)

**DRUG EVALUATION** It is pointless to study a drug using a double-blind technique or any other method if initial screening studies indicate that the drug has little or no therapeutic value within a safe tolerable dosage range. Double-blind studies are most useful for evaluating the effects of drugs that are only moderately potent and notably when objective tests of therapeutic efficacy are not available. Examples of the utilization of techniques illustrate the proper systemic approach to the evaluation of drugs. (Moyer, John H.: *Psychosomatic Problem in Drug Evaluation*, *A. M. A. Arch. Int. Med.* 98: 608 (Nov.) 1956.)

**ANTAGONISTS** Respiratory minute volume was measured in 770 neonatal infants born (1) of mothers who had received meperidine for analgesia during labor and (2) of mothers who received meperidine and levallorphan, given simultaneously for analgesia during labor. The conclusion was drawn that levallorphan did not significantly increase the respiratory minute volume of the infants as compared with the group born of mothers to whom meperidine alone had been given. (Roberts, H., Kane, K. M., Snow, Percival P., and Please, N. W.: *Effects of Some Analgesic Drugs Used in Childbirth*, *Lancet* 1: 128 (Jan. 19) 1957.)