allergic history be used. A review of the literature reveals an incidence of 0.32 to 3.6 per cent allergic reactions. Twenty milligrams of Chlor-trimeton was administered in the blood to 46 allergic patients receiving 108 pints of blood with no subsequent reaction. When these same 46 patients were given 109 pints of blood without antihistamine there was a reaction rate of 12 per cent. (*Hoffmann C. R.: Allergic Reactions to Blood Transfusion; Their Prevention with Injectable Chlor-Trimeton, Surgery 41: 491 (March) 1957.*)

SURGERY FOR TUBERCULOSIS In 100 patients operated upon for pulmonary tuberculosis, 23 patients had 28 complications. The most frequent postoperative complication was some problem in lung expansion. It was felt that with greater vigilance complications would not have occurred in 8 of the 23. One patient in this series died, and the others obtained a satisfactory end result. (*Thomas, D. E.: Immediate Postoperative Complications of Thoracic Surgery in Pulmonary Tuberculosis, J. Thoracic Surg. 33: 341 (March) 1957.*)

CARDIAC SURGERY The criteria for operability in individual congenital and acquired heart diseases are briefly reviewed. The problem of identifying the culpable defects and their surgical correction is emphasized. Diagnostic laboratory procedures are compared to fiery gifts which may well burn the fingers of the practitioner before he learns to use the gifts correctly. (*Burchell, H. B.: Physiologic Considerations and Clinical Indications for Cardiac Surgery, Bull. New York Acad. Med. 33: 263 (April) 1957.*)

ARTIFICIAL OXYGENATOR A "simple and safe" oxygenator has been used on patients ranging in age from 8 weeks to 37 years, allowing a by-pass of the heart from 6 to 70 minutes. The simplicity and safety of the open methods and the greater benefits from direct vision reparative procedures lead to the abandonment of closed or blind techniques for repair of virtually all congenital and acquired diseases of the cardiac septa and valves. (*DeWall, R. S., and others: Simple, Expendable, Artificial Oxygenator for Open Heart Surgery, Surg. Clin. North America (Oct.) 1956, p. 1025.*)

HYPOTHERMIA Nine of 10 normothermic dogs with occlusion of the abdominal aorta and inferior vena cava for one hour died. Intraperitoneal cooling of 10 dogs by irrigating the peritoneum with 8 to 10 liters of saline at 2 to 10 C. resulted in liver and intestinal temperatures below 25 C. Esophageal temperature gradually fell to 30 or 32 C. by the end of one hour. When warm saline was poured into the peritoneum for rewarming, all animals survived. This technique is suggested for prolonged and careful hepatic surgery. (*Huggins, C. E., and Carter, E. L.: Partial Hepatectomy Employing Differential Hypothermia, A. M. A. Arch. Surg. 74: 189 (Feb.) 1957.*)

ECG IN HIBERNATION Serial electrocardiograms taken on 10 patients undergoing artificial hibernation revealed similar changes in all cases. All patients exhibited a considerably prolonged P-R, QRS and Q-T intervals. No cases of serious cardiac arrhythmias occurred. (*Villamil, A., and others: Electrocardiographic Changes in Artificial Hibernation, Am. Heart J. 53: 365 (March) 1957.*)

HYPOTHERMIA Hypothermia is recommended for certain vascular and neurosurgical procedures, where it makes prolonged regional ischemia tolerable, as well as in cyanotic heart disease or in patients with severe tachycardia, where the operative risk of standard procedures can be diminished. By permitting relatively safe total circulatory occlusion for periods up to eight minutes, general hypothermia in the range of 28 to 30 C. has become an established technique for direct vision intracardiac procedures. (*Swan, H.: Hypothermia for General and Cardiac Surgery, Surg. Clin. North America (Aug.) 1956, p. 1009.*)

HYPOTHERMIA Many investigators in the field of experimental hemorrhagic shock have noted indirectly that the mortality rates were lower in animals showing various degrees of hypothermia. The authors studied this contention under control