

afterents. (Downman, C. B. P., and Evans, M. H.: *Distribution of Splanchnic Afferents in Spinal Cord of Cat*, *J. Physiol.* 137: 66 (June 18) 1957.)

**CARDIAC ARRHYTHMIA** Of 70 patients surviving thoracic surgery, 16 developed postoperative atrial arrhythmias. Prophylactic doses of quinidine and atropine are recommended in the immediate postoperative period. (Cerney, C. I.: *Prophylaxis of Cardiac Arrhythmias Complicating Pulmonary Surgery*, *J. Thoracic Surg.* 34: 105 (July) 1957.)

**CAPILLARY RESISTANCE** Immediate capillary response did not develop during spinal anesthesia or during quietly induced inhalation anesthesia. The immediate response did occur after respiratory difficulty as well as after clinical or sub-clinical anoxia. During the immediate respiratory response the plasma contained a substance with properties similar to those of vasopressin. (McCarthy, H. H., Kramer, J., Meyers, V. W., Diets, N., and Williams, J. W.: *Capillary Resistance in Response to Anesthesia and Surgery*, *A. M. A. Arch. Surg.* 74: 908 (June) 1957.)

**ANTAGONIST** Addition of levallorphan to levorphan in this series did not clinically reduce respiratory depression and seemed to increase incidence of nausea and vomiting. (Rankin, J., Mehnert, J., and Curreri, A. R.: *Effect of Levallorphan Tartrate on Levorphanol Tartrate Analgesia in Postoperative Patients*, *A. M. A. Arch. Surg.* 74: 602 (April) 1957.)

**BARBITURATE POISONING** Five hours of hemodialysis removed 1 gram of amobarbital and secobarbital from a 63-year-old female who had ingested between 2.0 and 2.5 grams of the above barbiturates. Dialysis was thought to significantly accelerate recovery. (Pender, J. C., Beebe, R. T., Garrett, J. J., and Kiley, J. E.: *Emergency Treatment of Barbiturate Intoxication with Hemodialysis*, *Ann. Int. Med.* 46: 997 (May) 1957.)

**NOLUDAR** This is a nonbarbiturate hypnotic used in doses of 200 to 250 mg. In comparing 70 patients receiving Nembutal the night before and Demerol preoperatively with 70 patients receiving 200

mg. of Noludar the night before and 400 mg. of Noludar preoperatively, no significant difference was noted. (Radnay, P. A.: *Noludar, Useful Sedative-hypnotic Drug*, *Postgrad. Med.* 21: 617 (June) 1957.)

**TRANQUILIZERS** Tranquilizers are useful therapeutic agents but a basis for rational use still remains to be developed. Their secondary reactions may affect patients preoperatively and postoperatively, as well as during anesthesia. (Moyer, J. H., Pevey, K., and Kinross-Wright, V.: *Tranquilizing (Ataractic) Agents: Current Evaluation of Their Clinical Use in Patients Who Are Not Hospitalized*, *GP* 15: 97 (June) 1957.)

**TRANQUILIZER** The death rate of mice receiving amphetamine was reduced by administration of phenobarbital, chlorpromazine or reserpine. (Lasagna, L., and McCann, W. P.: *Effect of Tranquilizing Drugs on Amphetamine Toxicity in Aggregated Mice*, *Science* 125: 1241 (June 21) 1957.)

**LOCAL ANESTHESIA** Use of Carbocaine in 1,501 procedures produced the impression that it is of longer duration, perhaps less toxic and may be effective with lower concentrations of epinephrine. (Dhuner, K. G., Oljelund, O., and Aagesen, G.: *Carbocaine, New Local Anesthetic Agent*, *Acta chir. scandinav.* 112: 350 (April) 1957.)

**TRACHEOTOMY** Twenty-five tracheotomies were done in 10,709 major surgical patients under local or general anesthesia. The former technique is preferable and often the only safe method to use. (Whitaker, H. T., and Lee, S. S.: *Indications for Tracheotomy*, *Ann. Surg.* 145: 974 (June) 1957.)

**EVALUATION FOR SURGERY** The reduction of operative morbidity and mortality requires greater attention to the preoperative study and preparation of the patient. Recording of fluid input and output and the routine use of the bedside cough test, vital capacity, blood volume determination and sigmoidoscopic examination are recommended. Use of elastic stockings and intelligent efforts at dietary