

weeks. (Wilton, T. N. P., Sleight, B. E., and Chandler, C. C. D.: *Tetanus*, *Lancet* 1: 940 (May 3) 1958.)

### CURARIZATION FOR TETANUS

Two children with severe tetanus were treated with tubocurarine and intermittent positive pressure respiration after large doses of hypnotic drugs and mephenesin had failed to control the spasms. Curarization required an average of 160 mg. daily in one child, and 140 mg. in the second child. The requirements were constant for fifteen and thirteen days, respectively. Sedative and hypnotic drugs were used sparingly after curarization in the first case, and hardly at all in the second. Both children had complete recovery. (Powell, K. J., Brimblecombe, F. S. W., and Stone-man, M. E. R.: *Treatment of Severe Tetanus by Curarisation and Intermittent Positive-Pressure Respiration*, *Lancet* 1: 713 (April 5) 1958.)

**MORAL RESPONSIBILITY** In practicing clinical research, there is an obvious conflict which is not experienced in purely medical work. The physician's care is focused first, last and all of the time on his patients; but the good investigator must be very much interested in his problem. There are many other loyalties, however, common to both of these men which conflict with that to their patients—responsibilities for teaching, for their families, for their livelihood, their own health and recreation, and perhaps for Christian, social, or political work. The investigator has just one more loyalty to which he must give correct priority—loyalty to his particular search for the truth. (*Special Article—Moral Responsibility for Clinical Research*, *Lancet* 1: 902 (April 26) 1958.)

**MASS CASUALTIES** In civil and military emergencies involving mass casualties, the usual methods of anesthesia may not be applicable. A system of anesthesia involving only an intermittent positive pressure artificial respiration unit utilizing atmospheric air has been tested. The only drugs employed were pentothal, meperidine and *d*-tubocurarine chloride. The technique is simple in the hands of an experienced anesthetist. On the other hand, ether and air administered by open mask or with a vaporizer is undoubtedly less dangerous in the hands of people with little training.

(Ruben, H., and others: *Anaesthesia in Mass Emergencies*, *Lancet* 1: 460 (Mar. 1) 1958.)

**PROGRESSIVE CARE** Grouping of acute patients needing special care will improve their care and reduce hospital cost. The Manchester Hospital in Manchester, Connecticut, has also introduced a self-service unit where patients can recuperate while still remaining in the hospital under some supervision. Progressive care requires frequent transferring of patients but is liked by the hospital staff, patients and medical staff. (Thoms, E. J.: *Report on Progressive Care—It Works*, *Mod. Hosp.* 90: 73 (May) 1958.)

**HOSPITAL INFECTIONS** Staphylococci infections in hospitals are becoming more widespread because of the development of resistant strains, modification of the resistance of the patient by such drugs as corticosteroids and antibiotics given for "prophylaxis," and the neglect of the principles of asepsis and good house-keeping by many hospital personnel. Suggestions for control include the following: keep the number of personnel present in the operating room to a minimum, not wear scrub clothes outside the operating room, change masks frequently, avoid rough handling of tissues and creation of hematoma, and clean anesthetic equipment between patients. Patients who are particularly susceptible to infection with hospital staphylococci, such as the newborn, the very aged, and patients receiving steroids should receive care to protect them from undue exposure to infection. (Jawetz, E., and Grossman, M.: *Three Ways to Fight Infection*, *Mod. Hosp.* 90: 92 (May) 1958.)

**INVESTMENTS** The Canadian Anaesthetists Society has authorized the incorporation of an open end mutual investment fund to provide a vehicle for the investment of savings by members. (*Medical Economics, Canadian Anaesthetists Mutual Accumulating Fund*, *Canad. M. A. J.* 78: 800 (May 15) 1958.)

**TETRACAINE TOXICITY** A review of literature by several authors indicates a significantly higher incidence of toxicity reactions to 2 per cent tetracaine than to 5 per cent or 10 per cent cocaine, used