

CRANIAL TRAUMA After a severe head injury, decerebrate rigidity and hyperpyrexia, either separately or together, must be regarded as an ominous development. Results of treatment of 108 patients with such injury suggest that mortality by old conservative methods was 77 per cent. In 26 patients, treatment has been modernized to include: respiratory insufficiency treated by immediate tracheotomy and aseptic tracheobronchial toilet; rigidity and hyperthermia treated by the use of the lytic cocktail and cooling by exposure to cold air and wet sheets; and cerebral edema prevented by infusion of hypertonic plasma. By these means, the mortality has been reduced to 38.4 per cent. By further improvements in technique, mortality should be lowered to 20 per cent. (*Maciver, I. N., and others: Treatment of Severe Head Injuries, Lancet 2: 544 (Sept. 13) 1958.*)

PULMONARY SECRETIONS In an attempt to reduce the viscosity of thick pulmonary secretions, 36 patients with chronic bronchitis were treated by insufflation into the peripheral bronchial tree of powdered desoxy-ribo-nuclease and chymotrypsin. Objective evidence of reduced sputum viscosity was obtained in nearly all patients during the period of treatment; 67 per cent of the patients considered the treatment helpful in that ease of expectoration was improved and dyspnea was diminished. (*Robinson, W., Woolley, P. B., and Altounyan, R. E. C.: Reduction of Sputum Viscosity in Chronic Bronchitis, Lancet 2: 819 (Oct. 18) 1958.*)

PHEOCHROMOCYTOMA In the thorax these tumors are usually found along the sympathetic trunk. When the surgeon encounters such a tumor, suspicion as to its nature enables the anesthetist and others to prepare for the hypertension and subsequent hypotension. Three cases of this problem are present with an extensive review. Emphasis is placed on the need for making the diagnosis, the fact that pheochromocytomas may be multiple, the biologic nature of the tumor with augmented secretion of catechol amines, and great danger of a surgical operation performed on a patient with unsuspected pheochromocytoma. (*Maier, H. C., and Humphreys, G.*

H.: Intrathoracic Pheochromocytoma, J. Thoracic Surg. 36: 625 (Nov.) 1958.)

ETHER CONVULSIONS Ether anesthesia and hyperthermia in cats produced convulsions which could not be obtained under Pentothal, cyclopropane, chloroform, ethylene and nitrous oxide anesthesia. Pathological examination of animals up to two weeks later showed cerebellar damage with changes in or loss of the Purkinje cells. Electroencephalograms during convulsions showed abnormality occurring in the cerebellar areas earlier than in cortical areas which differs from anoxic convulsions. The pathological picture in the cerebellum resembles that produced by chronic alcoholic intoxication in animals. (*Owens, G., and Clark, W. M.: Cerebellar Responses During and After Experimental Ether Convulsions, Electroencephalog. & Clin. Neurophysiol. 10: 657 (Nov.) 1958.*)

OXYBARBITURATE An ultrashort-acting oxybarbiturate (methohexital sodium) was administered to 200 unselected surgical patients. Premedication consisted of meperidine or morphine with atropine or scopolamine. Intravenous injection was with 1 per cent solution, or 0.2 per cent intravenous drip solution. Smooth, rapid induction was accompanied by relaxation of the mandible, so that a pharyngeal airway could easily be introduced. The average dose of methohexital was 400 mg. There was no laryngospasm nor bronchospasm, although the drug was administered to known asthmatic patients. Hiccough occurred in four patients. Excitement after loss of consciousness was slight; convulsive type movements were noted in two patients. There was no local irritation nor thrombosis noted at the site of injection. A drop in systolic blood pressure of 10 to 20 mm. of mercury occurred in 22 patients after induction. There was one postoperative death in the series unrelated to the use of the compound. (*Weyl, R., Baha, U., and Alper, Y.: Clinical Evaluation of a New Ultrashort-Acting Oxygen Barbiturate for Intravenous Anesthesia, Surg. Gynec. & Obst. 107: 588 (Nov.) 1958.*)

NITROUS OXIDE Bleeding time and arterial blood pressure of patients under nitrous