

TRACHEAL FENESTRATION Tracheal fenestration is an operation by which a non-healing tracheocutaneous fistula is made which is lined with skin and closed with skin flaps except when held open. This opening has proved useful in providing a ready port for aspiration of secretions, for instillation of drugs and for study of the tracheobronchial tree, being especially useful in facilitating palliative measures in far advanced pulmonary disease. (*Rockey, E. E., and others: Tracheal Fenestration as New Method for Therapeutic Management of Chronic Pulmonary Diseases and for Experimental Exploration of Tracheobronchial Tree, Am. Rev. Tuberc. 78: 815 (Dec.) 1958.*)

TRACHEO-ESOPHAGEAL FISTULA Although esophageal atresia must be considered a surgical emergency, hours consumed in preoperative preparation are well spent. Dehydration may be a serious factor. Satisfactory toilet of the tracheobronchial tree should be obtained and pneumonitis treated. Since the pulmonary problems will be self-perpetuating a valuable maneuver is the placement of a catheter on suction in the blind upper esophageal pouch. (*Groves, L. K.: Surgical Treatment of Esophageal Atresia and Tracheo-Esophageal Fistula in Infant, Cleveland Clinic Quart. 24: 227 (Oct.) 1958.*)

NEUROCIRCULATORY ASTHENIA Previous reports have stated that neurocirculatory asthenia (NCA) is a cause of or is associated with electrocardiographic abnormalities, most commonly S-T segment deviations and T wave flattening or inversion. Electrocardiographic studies in 757 healthy controls and 203 patients with NCA but without cardiac disease or hypertension were made. Findings showed no characteristic electrocardiographic changes associated with uncomplicated NCA. Any abnormalities found were in the same frequency ratio in controls and patients with diagnosis of NCA. (*Kannel, W. B., Dawber, T. R. and Cohen, M. E.: Electrocardiogram in Neurocirculatory Asthenia (Anxiety Neurosis or Neurasthenia): Study of 203 Neurocirculatory Asthenia Patients and 757 Healthy Controls in Framingham Study, Ann. Int. Med. 49: 1351 (Dec.) 1958.*)

SERUM TRANSAMINASE A significant rise in the level of serum glutamic-oxalacetic transaminase occurs early in the postoperative period with a peak about the second postoperative day. There is a statistical chance of less than one in a thousand that levels within the range (diagnostic) of acute myocardial infarction will occur following surgery. Exceptions can occur in operations involving the liver, biliary tract, extensive muscle trauma, postoperative abscess with necrosis, pulmonary resection and possibly prolonged anesthesia. (*Person, D. A., and Judge, R. D.: Effect of Operation on Serum Transaminase Levels, A. M. A. Arch. of Surg., 77: 892 (Dec.) 1958.*)

SUPINE COMMISSUROTOMY Using a right thoracic approach in operations for mitral stenosis, the patient is allowed to lie flat on his back. Hypotension in this position occurs much less frequently than in the lateral position, and more time can be spent safely in performing adequate mobilization of the valve. (*Bailey, C. P., and Dryden, P. M.: Recurrent Mitral Stenosis: Increasingly Common Occurrence Due to Inadequate Mobilization of Valve, J. Internat. Coll. Surgeons 31: 8 (Jan.) 1959.*)

MITRAL DISEASE Hemodynamic and ventilation studies were done in a large series of patients with mitral stenosis or insufficiency. Significant findings were: (1) diminution of cardiac index, (2) usually normal pulmonary blood volume in stenosis, (3) impairment of vital capacity only in decompensated patients, (4) increased residual volumes, and (5) increased functional dead space in spite of increased alveolar ventilation. (*Dogliotti, G. C., and others: Pulmonary Function in Mitral Valve Disease, Am. J. Cardiology 3: 28 (Jan.) 1959.*)

ARTIFICIAL KIDNEY Greatest application was found in barbiturate poisoning where indications for hemodialysis were (1) progressive depression from barbiturate, (2) known ingestion of potentially fatal dose, (3) blood barbiturate level (3.5 mg. per cent short acting and 8 mg. per cent for long acting), (4) development of complications which would be enhanced by prolonged coma. Incidental observations in use of artificial kidney were (1)