hypocalcemia in barbiturate poisoning, (2) poisoned patients usually have normal concentrations of chemical parameters—these may be decreased with dialysis, (3) use of apparatus as a cooling coil to produce modified hypothermia, and (4) necessity of restoring antibiotic concentrations. (*Schreiner, G. E.: Role of Hymodialysis (Artificial Kidney) in Acute Poisoning, Arch. Int. Med. 102: 896 (Dec.) 1958.*)

PHEOCHROMOCYTOMA Kidney biopsies from 9 patients with pheochromocytoma were studied. Hypertension with pheochromocytoma is associated with glomerular hyperemia and with hypertrophy and degenerative changes affecting the renal arteries more than the small arterioles—the reverse of the findings with essential hypertension. (*Silva, T. F., and Sommers, S. C.: Renal Biopsy Changes with Pheochromocytoma, Am. J. M. Sc. 236: 700 (Dec.) 1958.*)

SODIUM REABSORPTION Following adrenalectomy, the distal tubule of a dog is not able to reduce sodium concentration in urine to the low values found in normal animals. Following aldosterone administration, this distal reabsorption capacity was restored. No conclusions could as yet be made regarding the effects of aldosterone on the proximal tubule. (*Vander, A. J., and others: Effects of Adrenalectomy and Aldosterone on Proximal and Distal Tubular Sodium Reabsorption, Proc. Soc. Exper. Biol. & Med. 99: 323 (Nov.) 1958.*)

SODIUM EXCRETION Preoperative and postoperative sodium excretion in response to the intravenous administration of 2 liters of 0.9 per cent saline were compared in 5 patients undergoing orthopedic surgery. In all of these, the rate of sodium excretion prior to the infusions of saline was less in the postoperative experiments than preoperatively. These data are consistent with the hypothesis that the postoperative limitation in sodium excretion may result from a contraction of the "effective" extracellular fluid volume. Decreased postoperative sodium excretion, as well as the impaired response to administered saline, apparently does not require enhanced adrenal cortical secretion. (*Randall, R. E., Jr., and Papper, S.: Mechanism of Postoperative Limitation in Sodium Excretion: Role of Extracellular Fluid Volume and of Adrenal Cortical Activity, J. Clin. Invest. 37: 1628 (Nov.) 1958.*)

INTUBATION COMPLICATIONS Complications occurring after endotracheal intubation for general anesthesia were studied in 1,932 patients; no serious difficulties were encountered in this group. Almost two thirds of the patients who developed symptoms in the postoperative period (e.g., dysphagia, sore throat, hoarseness, and aphonia) had factors other than intubation which may have been responsible. These included pre-existing respiratory infections, nasogastric tubes, and operations in adjacent areas. The topical use of hydrocortisone was studied as a means of reducing postintubation symptoms referable to the throat, since one of the principal actions of this drug is the reduction of edema and inflammatory reaction. No statistically significant changes in the incidence of symptoms followed the topical application of hydrocortisone, although a more prolonged application might have a more marked effect. (*Hamelberg, W., and others: Complications of Endotracheal Intubation, J. A. M. A. 168: 1959 (Dec. 13) 1958.*)

STERILIZATION OF EQUIPMENT Endotracheal tubes can be adequately sterilized by scrubbing them both inside and outside for one minute with a brush and an antiseptic soap containing a 3 per cent concentration of hexachlorophene. Concentrations of 0.6–0.8 per cent hexachlorophene, as may occur in some antiseptic soaps, are inadequate. The 5 per cent solution of hexylcaine (Cyclaine) hydrochloride used for topical anesthesia does not support the growth of bacteria. (*Smith, J. R., and Howland, W. S.: Endotracheal Tube as Source of Infection, J. A. M. A. 169: 343 (Jan. 24) 1959.*)

STEROID ANESTHESIA The compatibility of hydroxydione and barbiturates and their influence on respiration was investigated in dogs and cats. If hydroxydione was supplemented by single injections of barbiturates, there was only additive depression. If, how-