tion studies or blood–gas analyses were done. Chest x-ray was normal save for residual collections of contrast material (probably in lymphatics) by the fourth postoperative day. (*Allen, W. E., and D'Angelo, C. M.: Pulmonary Oil Embolization Following Pantopaque Ventriculography in a Patient with a Ventriculovenous Shunt, J. Neurosurg. 35: 623–627, 1971.*) EDITOR'S COMMENT: These findings should not lull us into a feeling of security. There are several reports in the literature of transient but severe respiratory failure following the use of contrast media, particularly for lymphangiography. It is not clear whether the consequences are due to a mechanical block or an immunologic response. Whatever the reason, we should be aware of the potential problems. Perhaps as we begin to look we will find that altered blood–gas exchange is not a rarity.

L-DOPA, PARKINSON'S DISEASE AND LUNG FUNCTION In addition to difficulties with rigidity and voluntary movements of their extremities, patients with Parkinson's syndrome have impaired pulmonary function, an abnormality evident in tests of ventilatory ability. Ten patients with Parkinson's disease were started on L-dopa treatment after being evaluated with pulmonary function tests and were re-evaluated after 8 to 11 months of therapy. Eight patients were improved clinically. Seven patients had significant improvements in maximal voluntary ventilation, probably because of lessened muscle rigidity. Changes in FEV, vital capacity, and expiratory flow rate were not striking. Maximal voluntary ventilation might be useful for evaluation of drug treatment of Parkinson's syndrome. (*Langer, H., and Woolf, C. R.: Changes in Pulmonary Function in Parkinson's Syndrome after Treatment with L-Dopa, Am. Rev. Resp. Dis. 104: 440–442, 1971.*)

LUNG BIOPSY Needle aspiration of lung tissue was accomplished in 543 infants and children: 505 infants less than two years of age with bronchopneumonia, 25 older children with lobar pneumonia, and 13 infants without pulmonary disease. Lung aspirates of 45 per cent of the infants with bronchopneumonia were positive: 60.5 per cent of these grew *Staphylococcus aureus*, and 18.6 per cent grew other common pathogens (*e.g., Hemophilus influenzae, Klebsiella–Enterobacter*). An unexpected finding in this group was the incidence 21.4 per cent of infection due to accidental or facultative pathogens (*e.g., Achromobacter, Streptococcus faecalis*). Of the 25 older children who had lobor pneumonia, lung aspirates of 28 per cent were positive, with *Diplococcus pneumoniae* being the most frequent etiologic bacteria. The complication rate was 2.4 per cent; complications included nine cases of pneumothorax (in two of which chest tubes were needed) and four cases of transient hemoptysis. In spite of the large number of negative cultures, the authors consider lung puncture to be a useful method of diagnosis because it allows precise diagnosis of the etiologic agent and permits therapy with the proper antibiotic. (*Mimica, I., and others: Lung Puncture in the Etiological Diagnosis of Pneumonia, Am. J. Dis. Child. 122: 278–282, 1971.*)

Renal Function

SHOCK AND KIDNEY FUNCTION A prospective study of 36 patients in circulatory shock was made. Ten of the patients had progressive azotemia. These ten patients had isosmolar urine, with plasma and creatinine clearances averaging 18 ml/min. Necropsies of three patients showed changes of acute tubular necrosis. In the remaining 26 patients urinary osmolality exceeded 400 mOsm and the creatinine clearance was 70 ml/min. Necropsies of four patients in this second group disclosed no changes of acute tubular necrosis. The two groups had statistically similar cardiac indexes, blood volumes, and peripheral resistance values. However, the average arterial pressure in the renal-failure group was 20 torr less than that in the second group, a significant difference. Surprisingly, there was no difference between urinary sodium concentrations or renal clearances in the two groups. Thus, creatinine clearance and the urine:plasma osmolality ratio were the most valuable prognostic indices for renal failure. (*Jones, L. W., and Weil, M. H.: Water, Creatinine and Sodium Excretion Following Circulatory Shock with Renal Failure, Am. J. Med. 51: 314–318, 1971.*)