dominal surgery to compare the effectiveness in preventing postoperative pulmonary complications of three respiratory maneuvers: chest physiotherapy, "blow bottles," and balloons. The most effective maneuvers are those that emphasize a sustained, deep inspiratory effort. (*Hall B, Hermann RE: Prevention of postoperative respiratory complications, Cleve Clin Q 42:197–201, 1975.*) ABSTRACTER'S COMMENT: Although results from the use of "blow bottles" were better than those after the use of balloon inflation in this small study, both techniques stress use of expiratory effort. For greatest effectiveness, maximum *inspiratory* volumes must be stressed and the patient instructed in achievement of this objective with use of any technique employed.

Spinal Anesthesia

EPIDURAL BLOOD PATCH The authors report a two-year follow-up study of 118 patients treated with epidural blood patch for post-lumbar-puncture headache. Relief of symptoms occurred in 105 patients after the first treatment, and in 11 of 13 patients treated a second time. One patient had facial paralysis four days after a single epidural blood patch; there was gradual improvement, but slight right facial weakness was present six months later. The patient had a family history of neurologic disease; her father had died of multiple scherosis and her brother had cerebral palsy. In a second patient, vertigo, tinnitus, and ataxia without headache developed five days after epidural blood patch. All studies were negative, and symptoms persisted without a diagnosis 15 months later. Another patient had neckache for a week. Nineteen patients had residual backache that persisted 3–100 days. Two patients described occasional pain radiating down both legs. Three patients had repeat regional anesthesia (lumbar epidural, caudal, subarachnoid) without difficulty. Ninety-three of 98 patients considered this form of therapy helpful and would accept it again. Three refused to have it in the future, and two were undecided. (*Abouleish E, and others: Long-term follow-up of epidural blood patch. Anesth Analg (Cleve) 54:459–463, 1975.*)

Education

EFFICACY OF CONTINUING MEDICAL EDUCATION "Mandatory continuing education programs as they are now administered are predictable failures. They don't work! Indeed, they may be harmful." With these iconoclastic words, the authors introduce an article calling attention to data suggesting that continuing medical education has never been proven to influence the quality of clinical practice. They present the hypothesis that methods of education that are primarily pedagogical (reflecting philosophies and techniques of child–youth education) are totally inappropriate to the audience at hand. Forced attendance may not only produce no effect but may actually be detrimental. Suggestions given include "problem-posing" adult education, "open and free teacher–student communication" with abandonment of the classic lecture podium, and joint involvement of teacher and learner. The authors conclude by stating that "continuing education should mean continuing self-education, not continued instruction." (*Libby GN, and others: Help stamp out mandatory continuing education! JAMA 233:797–799, 1975.*)