

were 17 babies with erythroblastosis transfused with blood of Rh negative group O with the loss of 4 babies, in 3 of whom there was a severe reaction. In 9 of the 17, more than 1 transfusion was necessary.

A brief report is made of father's blood given before the three year period reported here: 9 babies received father's and donor's blood. Of the 9, only 3 survived the second year of life. Results obtained with Rh negative donor's blood and father's blood were somewhat similar. More reactions occurred immediately following transfusion in infants given donor's blood, but with both, more transfusions were needed and more deaths occurred. Apparently incompatibility was common.

There were 6 cases of possible blood dyscrasia with recovery in babies with Rh positive mothers. Five were given a single transfusion of mother's blood.

These experiences have been in contrast to that of the great majority who have written about the Rh factor and its effect on the newborn. The authors believe that the Rh factor, although important in erythroblastosis, is not the exciting factor. If it were, certainly many more babies of Rh negative mothers should develop the disease. 7 references.

M. F. P.

TANNER, FRANK, AND CULLEN GEORGE:
Pathological Aspects of Death following Major Surgery. Surg., Gynec., & Obst. 85: 446-452 (Oct.) 1947.

The risk of death following major surgery in this community (Lincoln, Neb.) is low and apparently compares favorably with reported incidences of postoperative deaths from other institutions. Autopsy percentage in postoperative deaths is nearly as high as in all hospital deaths in this community.

This group of postoperative deaths includes a relatively large number of so-called emergency procedures and also a relatively large number of patients submitted to more than one operative procedure at a single hospital admission. These observations suggest that reasonable delay in an effort to make a more accurate diagnosis and to allow time for general supportive measures is justified. It would appear that multiple elective procedures at one hospital stay is an avoidable hazard.

There are relatively few deaths in this group due to purely operative or technical factors, and none due primarily to the anesthesia. Most deaths in this study were due to nonoperative factors and while heart disease, pulmonary embolus, and unsuccessful removal of pathological process by surgical methods account for most of the deaths, there are some deaths due to other diseases which developed or occurred in the postoperative period, which were undiagnosed at operation and tax the diagnostic ability of surgeon and clinician. A recheck of the postoperative patient who is not doing well, with the thought in mind that there may be present a disease process wholly unrelated to surgery, would undoubtedly yield much information.

Nearly one-half of the patients dying after major surgery in this study had clinical or anatomical evidence of cardiovascular diseases. Except for an indication that coronary arteriosclerosis combined with cardiac hypertrophy is a hazard, this study helps very little to solve the question of which cases of compensated cardiac disease, if any, should avoid elective surgery.

One deficiency in clinical records was the lack of any recorded statement in regard to the clinical diagnosis of cause of death. This is an important omission, for the clinician has thus

missed an opportunity to test his diagnostic acuity. 2 references.

M. F. P.

WALDBOTT, GEORGE L.: *The Anti-histaminic Drugs*. J.A.M.A. 135: 207-209 (Sept. 27) 1947.

Many compounds have been, and are being, synthesized which counteract the action of histamine in vitro and in vivo. Among the most promising are "benadryl hydrochloride" and "pyribenzamine hydrochloride."

Clinically, the effect of the anti-histaminic drugs reflects their powerful antagonism to histamine. Two actions stand out, ability to inhibit whealing and to dry up mucous secretion. It is evident that they deserve a definite place in the management of allergic diseases equal, and in some instances superior, to that of such established agents as epinephrine, aminophylline and ephedrine. Like these, they are purely palliative, they have unpleasant side effects. So far there is no indication of a cumulative action or of addiction to the drugs. There is, however, a possibility of development of sensitization to these drugs. Moreover, it has not yet been determined whether or not they interfere with treatment directed toward development of specific immune substances.

A warning is sounded against extravagant claims and indiscriminate use of these compounds. Undoubtedly the greatest significance in their development is the new principle which has instigated their trial and which will lead the further understanding of the mechanism of allergic disease. 13 references.

M. F. P.

COLE, T. J.: *Method of Treating Massive Obstetric Hemorrhage*, J.A.M.A. 135: 142-144 (Sept. 20) 1947.

Hemorrhage is the outstanding cause of maternal deaths in the United States. Quick control of hemorrhage by the least traumatic method and rapid replacement of the blood lost remain the best means of treatment of hemorrhagic shock. An effective plan of treatment advises: preliminary typing, precautionary measures, accurate measurement of blood loss, effective hemostasis, the development of an obstetric blood bank, recognition of the importance of the time factor and rapid transfusions in conjunction with the administration of an alkali agent.

Dextrose and isotonic solutions of sodium chloride have been all but discarded as therapeutic measures; instead, sixth-molar sodium lactate solution is now used. It is known that a straight line relationship exists between the fall in blood pressure and the alkali reserve. There is some evidence that the administration of alkali agents proves useful in delaying the onset of irreversible shock until the more effective agents, such as blood and plasma, are available in sufficient quantity. The secondary purpose in giving alkali agents to combat transfusion reactions which might presumably occur when multiple transfusions are administered.

A rapid method of performing blood transfusions is described. This consists of a simple pressure mechanism added to the ordinary transfusion apparatus. Using this apparatus and maintaining a pressure of 120 mm. of mercury in the bottle of blood, 500 cc. of blood may be given quite rapidly. 3 references.

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