

EDITORIAL

Renal Failure After Ruptured Aneurysm

Samuel R. Powers, Jr, MD, Albany, NY

1069

PAPERS READ BEFORE THE ANNUAL MEETING OF THE SOUTHERN CALIFORNIA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS, SANTA BARBARA, CALIF, JAN 17-19, 1975 (Continued)

Alterations in Kinins of Coronary Blood From Rat Heart Hemografts

Carlos A. E. Lemmi, PhD; Thomas S. Vigran, Torrance, Calif;
Lois E. Koppelman, Los Angeles; Betty M. Yu, MPH;
Thomas C. Moore, MD, Torrance, Calif

Activation of the kinin-forming system may enable immunological graft rejection.

1070

Retinal Artery Emboli: Indications for Angiography and Carotid Endarterectomy

William C. Tompkins, MD; Ronald L. Vander Molen, MD;
Hagop D. Yacoubian, MD; John E. Connolly, MD, Irvine, Calif

Silent emboli detected by ophthalmologist indicate four-vessel arch study.

1075

Use of a Mechanical Suturing Apparatus in Low Colorectal Anastomosis

Samuel N. Fain, MD; C. Snyder Patin; Leon Morgenstern, MD, Los Angeles
Stapler introduced through the anus.

1079

General Surgery Problems in Patients With Spinal Cord Injuries

Kim J. Charney, MD; George L. Juler, MD, Long Beach, Calif;
A. Estin Comarr, MD, Los Angeles

Elevated pulse rate must be taken seriously.

1083

Diagnostic Sonography in General Surgery

Brian A. Hill, MD; Kent Yamaguchi, MD; John J. Flynn, MD;
Don R. Miller, MD, Irvine, Calif

Identifies distended gallbladder and many other obscure tumors.

1089

Subclavian Artery Patch Angioplasty: Treatment of Infants and Young Children With Aorta Coarctation

William N. Thibault, MD; Donald R. Sperling, MD;
Alan B. Gazzaniga, MD, Irvine, Calif

Preliminary evidence suggests that anastomotic area grows with patient.

1095

ORIGINAL ARTICLES

Treatment of Flail Chest: Use of Intermittent Mandatory Ventilation and Positive End-Expiratory Pressure

Phyllis Cullen, MD; Jerome H. Modell, MD; Robert R. Kirby, MD;
E. F. Klein, Jr, MD; William Long, MS, Gainesville, Fla

Method shortens ventilation time.

(Editorial comment by Vladimir Fencl, MD, Boston)

1099

Renal Transplantation in the Older Age Group

Francis L. Delmonico, MD; A. Benedict Cosimi, MD; Paul S. Russell, MD, Boston

Transplantation moving into older age brackets even with cadaveric donors.

1107

Contents continued on p 1058.

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Contents continued from p 1057.

Renal Failure After Ruptured Aneurysm

1110

William M. Abbott, MD; Ronald M. Abel, MD; Clyde H. Beck, Jr, MD; Josef E. Fischer, MD, Boston

Aggressive dialysis and intravenous nutritional program largely ineffective in this setting.

Rupture of the Thoracic Aorta Following Blunt Trauma

1119

Alan B. Gazzaniga, MD; Emile I. Khuri, MD; Hossein M. Mir-Sepasi, MD; Robert H. Bartlett, MD, Irvine, Calif

A widened superior mediastinal shadow indicates aortography. (Editorial comment by Norman E. Shumway, MD, Palo Alto, Calif)

Urologic Problems in Renal Transplantation

1124

Frank J. Leary, MD; John E. Woods, MD; James H. DeWeerd, MD, Rochester, Minn

Urologic complications held to less than 1% by attention to many details.

Successful Management of Caliceal Fistulas Following Renal Transplantation

1129

Martin Schiff, Jr, MD; Edward J. McGuire, MD; John Webster, MD, New Haven, Conn

Two kidneys salvaged by nephrostomy drainage.

Colitis Proximal to Obstructing Colonic Carcinoma

1133

George W. Tietjen, MD, Alfred M. Markowitz, MD, New York

Ischemia seems most likely mechanism.

EXPERIMENTAL SURGERY

Survival of Cardiac Xenografts: Effect of Antithymocyte Serum and Enhancing Heteroantiserum

1143

Robert J. Corry, MD, Stephen E. Kelley, Iowa City

Although diluted heteroantiserum increased survival, antithymocyte serum was more effective.

Serum Prognostic Indicators in Experimental *Bacteroides* Peritonitis

1146

Robert J. Sharbaugh, PhD, William M. Rambo, MD, Charleston, SC

Continuing elevation of serum lysozyme level heralded a fatal outcome.

CLINICAL NOTE

Posttraumatic Renal Artery Stenosis: Cure of Hypertension by Late Revascularization

1150

Thomas A. Depner, MD; Michael J. Sullivan, MD, Sacramento, Calif; Kevin G. Ryan, MD; Dean F. Winn, Jr, MD; James J. McCusker, MD, Woodland, Calif; Hiroshi Yamauchi, MD, Sacramento, Calif

Stenosis becoming more commonly recognized sequel of renal trauma.

(Editorial comment by J. Hartwell Harrison, MD, Boston)

BRIEF CLINICAL NOTE

Hepatic Rupture From Anticoagulant Therapy

1152

Michael H. Roberts, MD, Frank R. Johnston, MD, Winston-Salem, NC

Prothrombin time was within accepted therapeutic range.

Contents continued on p 1064.

REGULAR DEPARTMENTS

Letters to the Editor

Inversion of Meckel Diverticulum 1154

Dobri D. Kiprof, MD, Benjamin Griffel, MD, Kfar-Saba, Israel

Hepatic Cell Adenomas 1154

Daniel Knowles, MD; Marianne Wolff, MD; William J. Casarella, MD, New York; Norman W. Thompson, MD; Henry D. Appelman, MD; Joseph Walter, MD, Ann Arbor, Mich

Drains After Cholecystectomy 1155

Charles E. Willner, MD, Piedmont, Calif
Wilton A. Doane, MD, Santa Barbara, Calif

Late Thrombosis 1155

H. Gaylis, CHM, FRCS (Eng), Johannesburg, South Africa,
Hassan Najafi, MD, Chicago

Books

Diseases of the Knee Joint (Smillie) 1157

Reviewed by Thomas B. Quigley, MD, Boston

Statistics in Medicine (Colton) 1157

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The Superficial Veins of the Human Brain (Duvernoy) 1157

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Bonney's Gynecological Surgery (Howkins and Stallinworthy) 1159

Reviewed by John S. Welch, MD, Rochester, Minn

News and Comment 1159

50 Years Ago in the Archives of Surgery 1156

Instructions for Authors see August 1975, p 867

Change of volume policy: the 1975 index will appear in the December issue only. This is a change from the former policy of two volumes per year.

INDEX TO ADVERTISERS

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