SCOLIOSIS AND PULMONARY FUNCTION  Pulmonary function was evaluated in 30 patients with deformities of the thoracic and thoracolumbar spine before and after operations to correct scoliosis. Total lung capacity, vital capacity, functional residual capacity, tidal volume, compliance, and blood gases were studied. There were 8 male and 22 female patients between the ages of 11 and 24 years. The preoperative angles of scoliosis averaged 92 degrees (range: 55 to 155). Correction was achieved with Harrington's spinal instrumentation. Postoperatively the patients were observed for an average of 24 months. The extents of surgical correction at the time of the last observations averaged 30 per cent (range 5 to 55 per cent) of the preoperative angles of scoliosis. Total lung capacity and vital capacity were, preoperatively, 19 and 37 per cent (respectively) of the calculated values. After operation there were significant improvements of lung volume and ventilatory function, particularly in regard to airway resistance. Work of breathing decreased accordingly. There was no correlation between changes in pulmonary function and the patients' ages. It is concluded that early surgical correction of scoliosis will prevent deterioration of pulmonary function. (Meznik, F., Keller, H., and Kummer, F.: The Development of Pulmonary Function after Surgery for Scoliosis, Z Orthop 110: 542–544, 1972.)

Local Anesthesia

LOCAL ANESTHETIC GUN  The gynecologic modification of the Mizzy Syrijet as a new modality for delivering paracervical and uterosacral block to patients needing minor gynecologic procedures was studied in 738 cases in which this technique was used. The increased ease and safety of administration offered by this technique should eliminate hospitalization for most of these women. Further studies regarding choice and concentration of anesthetic solution are desirable. As with the administration of any anesthetic, resuscitation facilities should be available. (Frymire, L. J., and French, T.: The Syrijet Anesthetic Gun for Paracervical and Uterosacral Block, Obstet Gynecol 44:443–449, 1974.)