DR. McDONALD: We have dialyzed a 4 months old infant twice and an 11 months old infant once with satisfactory clinical results using a single coil of the twin coil kidney. We used the femoral veins for cannulization.

DR. SCHREINER: We have also dialyzed several children with the rotating drum and have used a single coil of the Travenol Kidney for a 2 year old child. We have also found peritoneal dialysis quite satisfactory in children as young as 3 months.

DR. WALDRON: Did you see any rise in blood pressure? What agent did you use?

DR. HICKMAN: We've had no such experience.

DR. SITPRIJA: High molecular weight dextran.

DR. SCHREINER: We'll turn the program for Hypothermia over to Dr. Clowes. For those who know our former President, Dr. Clowes, he is to become Chairman of the Department of Surgery at the Medical College of South Carolina, Dr. Clowes.

DR. CLOWES: Well, Gentlemen, let's get the hypothermia started. I must say from what I've learned of South Carolina I shall be using more of it than I have up to now.

The first paper will be presented by Dr. Peirce, our President-to-be, on tissue oxygen tension during perfusion hypothermia and circulatory arrest. It will be followed by a paper on profound hypothermia presented by Dr. Swenson. I then have the pleasure to introduce Dr. Laurent from Paris, our Traveling Fellow this year, who was a student of Dr. Katz of this country after having received his degree of Medicine at Paris in 1954. He was from 1955 to 1961 the Research Associate in the University of Paris, and since 1961 has been the Director of the Surgical Technical Studies Center at the Hospital Broussais, in Paris. Dr. Laurent is going to speak to us this afternoon on external defibrillation, after profound hypothermia and circulatory standstill.

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