MANAGEMENT OF THE AMBULATORY PATIENT WITH CHRONIC BRONCHITIS AND EMPHYSEMA, with Wilmot C. Ball, Jr., M.D.; Warde B. Allan, M.D.; and Warren Summer, M.D.; all of the Department of Medicine, The Johns Hopkins University School of Medicine. A review of the evaluation and treatment of ambulatory patients with chronic obstructive pulmonary disease. Controversial aspects of management are emphasized, e.g., usefulness of detailed physiological workup, selection and use of brochodilators, ambulatory IPPB therapy, and the role of respiratory stimulants. Selection of severely handicapped patients for exercise training or ambulatory oxygen administration is also discussed. A Television Hospital Clinic of the American College of Physicians, 1972. Please inquire for special rental information.
(58 minutes) (In color) **ACP 2827245**

MEDIASTINOSCOPY IN STAGING CARCINOMA OF THE LUNG, with Edward M. Goldberg, M.D, Department of Surgery and Oncology Council, Michael Reese Hospital and Medical Center, Chicago, Illinois.

Lung cancer can be the most frustrating problem for a physician. Techniques are available for a definite diagnosis, but uncertainty exists on how to proceed with the patient. Thoracotomies have high operative mortality and extensive morbidity. In addition, the procedure proves to be unnecessary in about 50 per cent of the cases. Through the use of the mediastinoscope, it is possible to view and photograph the mediastinum. This has resulted in a new method of staging lung cancer, and an improved approach to treatment. A mediastinoscopy is demonstrated, and the staging method is shown in detail.
(14 minutes) (In color) **1312021**

NEAR DROWNING: WATCH THE BLOOD GASES, with Norman L. Fine, M.D., Chief, Respiratory Services, The Griffin Hospital, Derby, Conn., and Assistant Clinical Professor of Medicine, Yale University Medical School, New Haven. The model of the fatally-drowned person is no longer relevant in treating the survivor of *near* drowning. This program brings you up to date.
(15 minutes) (In color) **1422940**

NEW DIRECTIONS IN PULMONARY EMBOLISM — DIAGNOSIS. A new method of lung scan is demonstrated, which, used in conjunction with other tests, is a valuable diagnostic aid in pulmonary embolism, the most serious lung disorder in the U.S. The advanced technique employs a radioactive scintillation counter. The demonstration is conducted by Henry N. Wagner, Jr., M.D., Professor of Radiology and Chief, Division of Nuclear Medicine, The Johns Hopkins Medical Institutions, and Arthur Sasahara, M.D., Associate in Medicine, Harvard Medical School.
(16 minutes). **1407204**

NEW DIRECTIONS IN PULMONARY EMBOLISM — MANAGEMENT. Myocardial infarction or pulmonary embolism? The differential diagnosis of the two conditions is more important to the practicing physician than ever before, because of differing modalities of treatment which recently have been developed. Henry N. Wagner, Jr., M.D., Professor of Radiology and Chief, Division of Nuclear Medicine, The Johns Hopkins Medical Institutions, and Arthur Sasahara, M.D., Associate in Medicine, Harvard Medical School, examine the specific therapies, anticoagulant, surgical, and thrombolysis, for pulmonary embolism.
(16 minutes). **1407305**

OFFICE SCREENING FOR CHRONIC LUNG DISEASE, with Spencer K. Koerner, M.D., Chief of the Division of Pulmonary Medicine, Montefiore Hospital, New York City. Here are some office pulmonary evaluation tests which can help you detect patients with asymptomatic chronic lung disease. (13 minutes) (In color) **1519309**

PULMONARY EMBOLISM: A RATIONAL APPROACH TO MANAGEMENT, with William Hall, M.D., Director of the Pulmonary Function Unit at Strong Memorial Hospital, and Assistant Professor of Medicine, University of Rochester School of Medicine, Rochester, New York. The mortality rate for untreated pulmonary embolism patients is between 25 and 50 percent. Doctor Hall demonstrates that such gloomy results can be avoided through prompt and effective management, which includes anticoagulant therapy and the treatment of hypoxia. (This program is part of the "Drug Spotlight Program" of the American Society for Clinical Pharmacology and Therapeutics.) (17 minutes) (In color) **1619744**

RESPIRATORY DISTRESS IN THE NEWBORN: INDICATIONS FOR SURGERY, with Alexander J. Schaffer, M.D., Associate Professor Emeritus of Pediatrics, Johns Hopkins University School of Medicine, and Assistant Commissioner of Health of the City of Baltimore, Maryland. The clinical signs of respiratory distress are shown, along with examples of anomalies. Special attention is given to the approach of arriving at a specific diagnosis. (25 minutes) (In color) **1810314**

RESPIRATORY DISTRESS IN THE NEWBORN: MEDICAL CONDITIONS, with Alexander J. Schaffer, M.D., Associate Professor Emeritus of Pediatrics, John Hopkins University School of Medicine, and Assistant Commissioner of Health of the City of Baltimore, Md. Indications of respiratory distress in the newborn can be detected prior to labor, in labor and in delivery. The alerting signs are clearly illustrated. Dr. Schaffer also summarizes the general principles of treatment. (22 minutes) (In color) **1810415**