lated on a very large number of cases from five teaching hospitals on three continents. A jar, containing resuscitative agents, sealed and labeled "Anesthetic Emergency Outfit," and kept in the operating room would help to reduce the delay which often follows emergencies during operation. The two fundamental types of emergencies during anesthesia are: (1) Blue asphyxia (primarily respiratory) and (2) White asphyxia (primarily cardiac). Cardiac massage may be accomplished by making an incision in the abdominal wall and applying intermittent pressure with one hand beneath the diaphragm and the other exerting counter pressure on the lower left costal margin. Nicholson's method is accomplished by inserting the thumb through a button-hole incision made behind the base of the xiphisternum. The heart can then be compressed between the thumb and the fingers beneath the diaphragm.

Of 40 cases in which cardiac massage was done by the author only 5 patients survived. These cases were reported in 1941. Since then the time formerly expended in performing artificial respiration and injecting adrenaline is no longer wasted. When the heart ceases to beat the preparations are immediately made for cardiac massage. While the anesthetist insures an unobstructed airway and applies amyl nitrite to the nostrils the precordial and epigastric areas are prepared. The right auricle is pricked with a needle. If the response to this stimulus is not immediate cardiac massage is undertaken at once. The head of the table is lowered. Artificial respiration is continued. When the heart starts beating the patient sometimes breathes spontaneously. The abdominal incision is closed only when it is certain that the patient is breathing without artificial aid.

Reports prove that cardiac massage can bring back to life those whose hearts have ceased to beat under any form of anesthesia. Recovery has been reported when cardiac massage was continued for as long as twenty minutes. When blue asphyxia occurs the time limit for cardiac massage is increased because the cerebral mechanism is not deprived of blood as it is in white asphyxia. Injection into the bone-marrow by means of syringes is an excellent method of introducing a pint or more of fluid rapidly into a failing circulation. Since using cardiac massage immediately the author has had 3 patients who required this treatment. Each of the patients recovered. It appears that early anxieties and later complications that follow temporary cardiac cessation are proportionate to the length of time the organ is functionless. 14 references.

F. A. M.


Experiments were made to determine the relative temperature rises within teeth during the preparation of cavities by the use of burs and to determine the relation between thermal changes and pain associated with drilling. Dry, extracted teeth were used. The initial tests were inconclusive and will be repeated. There is evidence, on an empirical level, that control of temperature of the bur may be of importance in lessening pain during drilling. Other means of lessening pain should be considered. Distraction or suggestion may act in the same way as sedation or analgesia. Phenobarbital is one of the best medications prior to dental procedures. Confidence which the patient has in the doctor is an important element in the success of suggestion.

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