ing the operation, and if not taken care of tends to encourage retention. We also use an indwelling catheter in all vaginal plastic cases. Our incidence of retention, excluding the above mentioned cases, is 3.3 per cent for the series. . . . In this series there were 45 cases which developed pulmonary complications, 27 of these were bronchopneumonia, 11 were lobar pneumonia, five were atelectasis, and two were pulmonary embolism. . . . One case developed anesthesia of the upper lip immediately following a cystoscopic examination. This persisted for two days, then disappeared completely. There was nothing unusual about the anesthesia, the level was not high, and we cannot explain this occurrence on any other basis except hysteria. There were no other incidences of any type of neurologic complications. . . . There were 82 deaths in this series of 2000 cases making a gross mortality of 4.1 per cent. The average time that elapsed between operation and death was 5.9 days. None of these were anesthetic deaths, and we do not feel that the anesthesia was a contributing factor in any of them.” 20 references.

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“The present communication deals with experiments showing that the early mortality following severe thermal injury is profoundly influenced by the type of sedation and anesthesia used. In the first paper of this series the combination of nembutal and morphine used produced a good anesthesia during the injury itself, as well as a fairly prolonged sedation afterwards. Following the publication of this data, Dr. Alfred Blalock wrote that he had repeated these experiments and had observed a much lower mortality; indeed, only two deaths occurred under 24 hours in a series of 12 experiments in which a thermal stimulus of 85° to 90° centigrade for 5 to 15 seconds, up to the axilla, was employed. With a similar degree of injury, our mortality was 100 per cent. The fact that he used a smaller dose of morphine without nembutal plus a short ether anesthesia during the burn stimulus suggested that the pronounced difference in mortality might be due to the type of anesthesia used. In order to study this supposition, a series of experiments were carried out in which a somewhat more severe burn stimulus (immersion up to the axilla at 100° centigrade for 10 seconds) was employed in a series of ten experiments each; various doses of morphine in combination with nembutal or ether were used in each group. . . . Morphine increases the 24-hour mortality (up to 100 per cent) in severe experimental burns, particularly when given in large doses and with nembutal. Practically no 24-hour mortality occurred when ether alone was employed. It is inferred that large doses of morphine, when used in the absence of pain, may increase the early mortality in severe human burns.” 3 references.

J. C. M. C.


“The reaction when any part of a warm-blooded animal is exposed to cold is both complex and variable according to many modifications of degree and kind. . . . The effects of a tourniquet depend on the material, breadth, tension, time and temperature. Hard or inelastic materials, such as wire, cord, fabric or stiff rubber, create troubles either by looseness or by crushing of