effects of this via the blood stream upon
gastric tone and motility are small,
and that the second alternative method
is well worth further investigation.

... The treatment of acute dilatation,
one the condition arises, remains
symptomatic—namely, aspiration of
the collected gas and fluid in the stom-
ach, together with replacement of the
lost fluid and electrolytes, usually by
the intravenous route.”

7 references.
J. C. M. C.

GARDNER, H. B.: The Use and Abuse of
Barbiturates. Pennsylvania M. J.
47: 451-452 (Feb.) 1944.

"In [the] ... multiplicity of bar-
biturates, born of the zeal of manufac-
turing chemists, lies the greatest abuse
of the barbituric acid preparations.

... In 'Useful Drugs,' a selected list
of essential drugs issued by the Coun-
cil of Pharmacy and Chemistry of the
A. M. A. for the teaching of therapeu-
tics in medical schools, we find only
these barbiturates: 1. Barbital and
barbital sodium. 2. Pentobarbital
sodium. 3. Phenobarbital and pheno-
barbital sodium. 4. Evipal sodium—
for intravenous anesthesia. And these
four barbiturates we believe are suffi-
cient, with the addition of pentothal
for prolonged intravenous anesthesia.

... We personally believe that the use
of the barbiturates is not greatly
abused by physicians. However, this
unfortunately does not hold true with
laymen generally. The business man
under day-long pressure finds it all too
easy to take a tablet at bedtime, and
the woman in the throes of the men-
opause syndrome may take recourse at	too frequently to her bottle of elixir
phenobarbital. The physician should
control this self-administration, al-
though he cannot prevent his patient
from obtaining large quantities of
these drugs without prescriptions in
neighboring states. ... The national
incidence of suicide by means of the
barbiturates in large cities averages up
to 16 per cent of all poisons except
gases."

J. C. M. C.

MARSTON, A. D.: Safety Factors in
Anaesthesia and Analgesia. Guy's

"The factor I wish to discuss to-day
is immediate safety. This is all-im-
portant, and I venture to suggest that
modern anaesthesia is associated with
an increasing number of risks. From
such scanty statistics as exist, one may
conclude that both in the British Com-
monwealth of Nations and in the
United States of America there are
more fatalities and accidents than there
were a quarter of a century ago. But it
must be remembered that many more
operations are being performed in
these days, and on the strength of im-
provements in the technique of mod-
era anaesthesia and in the treatment
of shock, operation to-day performed
on many a subject who, not many years
ago, would have been deemed too poor
an operative risk. This would account
for the major portion of the increase,
but special features of some methods
in present-day use are also responsible.
Such are: 1. The use of a Boyle or
other 'gas machine'; 2. Spinal anal-
gesia; and 3. Intravenous anaes-
thesia. ... .

"It is the anaesthetist's duty to
carry out a routine inspection of the
apparatus before putting it into use.
Neglect of this simple precaution may
lead to explosion risks, or death from
wrong coupling of cylinders to the flow-
meter. ... Wrong coupling of gases
to flow-meter ... might be considered
improbable, this is by no means the
case. ... The usual 'accident' is to
administer nitrous oxide with carbon
dioxide in mistake for oxygen, and if
the anaesthetist happens to be gazing
at his flow-meter and not keeping a
watch on the patient, there is no pos-