esthetizing the patient may be an aid in their avoidance. Therapeutic results in cases of melancholia and schizophrenia were comparable to those obtained by orthopedic metrazol therapy. The method adds further direct proof for the contention that fear plays no role in metrazol convulsive therapy. The technic is offered as a simple means of improving rapport and diminishing resistiveness in patients undergoing this therapy." 10 references.

J. C. M. C.


"The purpose of this study was to determine the relative incidence of infections of the respiratory tract after inhalation anesthesia and after spinal anesthesia in patients who had not had preoperative infections of the respiratory tract and who had undergone the same types of abdominal operations. . . . The material consisted of 631 cases in which abdominal operations were performed in the surgical service at Duke Hospital between the years 1930 and 1941. . . . The cases in each operative-anesthetic group were consecutive, and in no case was a combination of inhalation and spinal anesthesia employed. . . . Included were only those cases in which it could be determined definitely from the record that no infection of the respiratory tract existed at the time of operation. . . .

"In this study certain findings appeared significant: 1. Approximately the same proportion of patients without infections of the respiratory tract at the time of operation acquired postoperative infections of the respiratory tract with inhalation and with spinal anesthesia; i.e., the incidence was with ether anesthesia 5.8 per cent, with cyclopropane anesthesia 4.9 per cent and with spinal anesthesia 7.5 per cent. 2. The incidence of postoperative infections of the respiratory tract was unaffected by the age or sex of the patients, the length of the operative-anesthetic time, the preoperative complications, the kind or the amount of the spinal anesthetic agent, the preanesthetic medication or the blood pressure changes during the anesthesia." 10 references.

J. C. M. C.
found to be markedly greater than the incidence in a previous series of patients who had not had any preoperative infections of the respiratory tract. This finding suggests that the presence of low grade preoperative infections of the respiratory tract of the kind not generally considered contraindications to even elective operations is of sufficient significance as a factor in the development of acute postoperative infections of the respiratory tract to warrant further analysis as to the choice of anesthesia." 4 references.

J. C. M. C.


A clinical paper, based on 500 administrations. Inefficient apparatus greatly adds to the practical difficulties of anesthesia. The author prefers the circuit type of absorption technic and believes that the absorption of carbon dioxide is more efficient by this method. He finds that there is less resistance to respiration if the canister is placed on the inspiratory side of the circuit; and he believes that the valves should be placed as close to the face as possible, and not on the machine.

The signs of anesthesia with cyclopropane are discussed. They are more difficult of recognition than with ether. He feels that the quietude of respiration seen with cyclopropane is due rather to the depressive effect of the agent upon the respiratory center than to a low content in carbon dioxide of the inspired vapor. Guedel's classification of the signs of anesthesia is inadequate because it fails to lay sufficient stress upon the disappearance of reflexes as signs of anesthesia. Gould puts forward a new classification of signs, as follows:

Third Stage; First Plane: Light anesthesia; moving eyeballs. Second Plane (upper): moderate anesthesia; fixed eyeballs; intercostal paresis absent or partial only. (lower): Deeper anesthesia; intercostal paralysis becoming complete. (The diaphragmatic movement is not exaggerated as it is with ether.) Third Plane: Intercostal paralysis has developed gradually and progressively, without any change in the character of the breathing, which is now almost entirely diaphragmatic. A slight increase in concentration now leads to: Fourth Plane: Apnea, at first