

"Avertin by rectum has largely supplanted ether and paraldehyde by rectum. Although avertin occasionally produces surgical anesthesia, it should never be given for this purpose, but only as a basal anesthetic. . . .

"As stated previously, spinal anesthesia is becoming more popular—probably because we have a better understanding of its use and are not getting the bad results we did a few years ago. There are still some surgeons and anesthesiologists who do not avail themselves of the advantages that spinal anesthesia offers, while others use it too recklessly, without proper understanding of its dangers and limitations. When spinal anesthesia was first introduced its use was advocated in the bad heart cases and in poor risks. Now we know that the patient must be in good general condition. The cases must be selected.

"Concerning blocks, I will only mention that caudal and transsacral blocks are now being replaced by low spinals. Novocain in the fifth lumbar space is easier to give, requires less time, gives better anesthesia, and has less general effect on the patient."

J. C. M. C.

NEFF, WILLIAM: *The continuous recording of systolic blood pressure during anesthesia*. *Current Researches in Anesth. & Analg.* **19**: 175-179 (May-June) 1940.

"A method for the continuous graphic recording of pulse and respiration during anesthesia has previously been presented. . . . The desirability

of obtaining a continuous blood pressure record simultaneously was emphasized at that time. Subsequently, the practicability of incorporating into our unit the combined optical and electrical mechanism described by Doupe, Newman and Wilkins . . . was discussed with one of them (Newman). Accordingly, a unit so modified as to render its use in the operating theater practical was built into our recording anesthetic machine. . . .

"The method employed is essentially a double cuff system consisting of . . . :

"1. An inflated upper cuff containing a constant leak. A side-arm from this cuff is attached to a pressure manometer. 2. A snug lower cuff which transmits the pulsation beneath to a diaphragm upon which is fixed a mirror. 3. A combined optical and electrical mechanism which activates an electromagnetic intake valve resulting in the inflation of the upper cuff. Adjustment of the amount of the leak and the pressure permitted to enter the upper cuff during each opening of the intake valve results in the cuff being automatically maintained at the systolic blood pressure level. . . .

"It is not to be claimed that a continuous blood pressure record during the course of every anesthetic is necessary. . . .

"Clinical studies of the respiratory and circulatory effects of vasopressor and vasodilator drugs can be made with the apparatus, and its sphere of usefulness is by no means limited to anesthesia."

J. C. M. C.