

an increased demand for oxygen—such as fulminating infections, will not do as well at a high altitude as at sea level. Oxygen can be conveniently and effectively provided. Severe anemia is not a contraindication to airplane flight, providing it is recognized and oxygen given at a relatively low level. Concussions of the brain with or without skull fracture reduce the oxygen content of the arterial blood. It is therefore advisable to administer oxygen to such patients. At or above 28,000 feet, there is an increase in spinal fluid pressure; hence it is advisable to keep below that level with patients who have suffered brain injury. Patients with spontaneous, therapeutic or traumatic pneumothorax, pleural adhesions, penetrating wounds of the viscera and intestinal obstruction would not do well at high altitudes because of the expansion of the contained gases. A pressure cabin is the only solution to safe transport of such patients.

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ROTH, F., AND SCHUMACHER, J.: *Reasons for Late Febrile Reactions Following Blood Transfusions*. Deutsche med. Wehnschr. 66: 23, 1940. (Reported by G. Tallquist, Helsingfors.)

Roth and Schumacher tried to determine the reasons for late febrile reactions after blood transfusions through direct autotransfusions in different persons from one arm to the other. No reaction occurred in experiments concerned with the length of the tube, time of transfusion and amount of blood, which corresponded to the usual conditions. The result was the same if the tubing was lengthened, so that the combined length of the tubing was 150 cm. However, if the celerity of the stream was decreased considerably, a delayed reaction was observed in a large number of persons, manifested by headaches, chills and fever. The au-

thors believe that a defective technic of transfusions with obstruction in the system and prolonged time of transfusion probably contributed to the appearance of late reactions.

H. M.

KOLLER, THEODORE: *The Clinical Significance of Intravenous Anesthesia in Gynecology*. Schweiz. med. Wehnschr. 71: 6, 1941.

Intravenous narconumal, Hoffmann-La Roche (10 per cent solution in distilled water), was used in 1,138 patients for short vaginal or vaginal and intra-uterine operations and for examinations under anesthesia in the Universitäts-frauenklinik in Zürich since 1935.

In a few instances it was used as a basal anesthetic followed by ether anesthesia; but as the pupil and corneal reflexes under narconumal act differently than with ether alone it was difficult for the anesthetist to keep the patient in an even plane of anesthesia.

Reports in the literature and their own experience made the author consider the following complications as contraindications to narconumal anesthesia: severe septic diseases, liver damage, decompensated heart disease, cyanosis, interference with respiration or involvement of the respiratory center and very decrepit patients.

No interference with the contractions of the uterus was observed. All abortions and curettements were performed without atonic hemorrhages.

Narconumal was not used for deliveries, as the action on the fetus has not been studied satisfactorily, and because the depth and length of anesthesia can not easily be determined previously. The post-narcotic sleep was not found to be always in direct relation to the amount of narconumal used. Intravenous narconumal is broken down by the liver.

Technic. Pantopon 0.02 Gm. and atropin 0.001 Gm. were given thirty