son deals with Blood Transfusion and includes a brief historical section. One is somewhat disappointed and confused by the detailed description of technique and equipment of direct blood transfusion with a trained three-person team, as well as by a technical discussion of the method used by pharmaceutical firms for drying plasma.

The interesting story of preparing a plasma-saline mixture for use by the British in war-time is told but the citrate method of indirect transfusion and the use of blood banks are passed over briefly. The controversy over the use of plasma and serum is presented but the author believes that further work must be done before the superiority of one is demonstrated.

The remainder of the book is of primary interest to surgeons and any attempt by an anesthetist to review it would be inadequate. For this reason only the first 237 pages are covered in this review.

Curtiss B. Hickcox, M.D.


This monograph, written in a concise manner, will prove valuable to many young surgeons who are confronted during wartime with the problem of inducing safe and satisfactory anesthesia without the assistance of personnel who is experienced in this field of medicine. The author, realizing the risk involved when the operator must be anesthetist and surgeon at the same time, has presented methods of anesthesia most suitable for this condition.

The chapters on preoperative examination and preparation of the patient are particularly well written and are in general agreement with practices in this country. The administration of open ether is treated in detail, as it should be, and many practical hints on its conduct are offered. Nitrous oxide, ethyl chloride, and chloroform are given little space. The chapters on spinal analgesia and intravenous anesthesia are very complete in the presentation of technics. However, the reviewer suggests that considerably more stress should be placed on the mishaps that can occur with these forms of pain obtundation in order to avoid the impression that little danger attends the use of these methods. Many will disagree with the recommendation that if symptoms of shock develop during the course of spinal analgesia, light ether anesthesia is the best treatment.

A chapter describing methods of resuscitation would not be out of place in a treatise of this nature. It could wisely devote as much attention to technical detail as has been accorded the anesthetic methods which are not infrequently responsible for producing respiratory arrest.

The reviewer enjoyed the book, and the author is to be congratulated for presenting so much valuable information so briefly and simply.

Frederick P. Haugen, M.D.

THE CONVICTION OF AN OBSTETRICIAN

"In the delivery of these patients [presenting Bandl’s Ring] a few things are essential: a patient unexhausted, avoidance of haste, a little obstetric judgment, and the assistance of a medical anesthetist. If the anesthetist is familiar with obstetric procedure he can not only produce surgical anesthesia but give invaluable assistance." Texas State M. J., December, 1941.