esthetizing the patient may be an aid in their avoidance. Therapeutic results in cases of melancholia and schizophrenia were comparable to those obtained by orthodox 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 anaesthesia and after spinal anaesthesia in patients who had not had preoperative infections of the respiratory tract and who had undergone the same type 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 anaesthesia 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 the 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.


"The purpose of the present study was to determine the relative incidence of acute infections of the respiratory tract after ether, cyclopropane and spinal anesthesia in patients who had been shown to have the kind of low grade, chronic preoperative infections of the respiratory tract not generally considered by surgeons to be contraindications to even elective operations. . . . The material was limited to 120 cases in which abdominal operations . . . were performed on patients who were under the three types of anesthesia and who had been shown to have such chronic preoperative infections of the respiratory tract. . . . Patients having low grade, chronic preoperative infections of the respiratory tract had acute postoperative infections of this tract approximately two and one-half times as frequently after spinal as after inhalation anesthesia; i.e., the incidence was after ether anesthesia 13.5 per cent, after cyclopropane anesthesia 17.5 per cent and after spinal anesthesia 39.5 per cent. The incidence of acute postoperative infections of the respiratory tract after each type of anesthesia in patients with low grade, chronic preoperative infections of this tract was