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 technique 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