

dosage varies directly as the muscular component of the patient. . . . A complete review of all the American and British literature has been made and a series of 54,851 anesthetics by intravenous pentothal sodium has been collected. Twelve deaths are reported to have occurred during anesthesia, two afterward. . . . Remarkable in this collection of 54,851 cases is the absence of any single report of post-operative pulmonary collapse or pneumonia; symptoms of milder respiratory complications were almost as rare. . . . As in the use of all other types of anesthesia, the greatest danger to the patient lies in the administration of intravenous pentothal by inexperienced anesthetists." 209 references.

J. C. M. C.

SAHLER, S. L.; KELLOGG, J. F., AND PHILLIPS, R. B.: *Cyclopropane Anesthesia at the Rochester General Hospital: Review of 7,120 Cases*. J. A. M. A. 118: 1042-1045 (Mar. 28) 1942.

"Our purpose in this paper is to present a review of 7,120 cases in which cyclopropane has been used at the Rochester Hospital [New York] during the years 1935-1940 inclusive. . . . We in Rochester feel fortunate with regard to our relative humidity, as our position on Lake Ontario gives us a relatively high humidity, a fact which tends to prevent static electricity explosions. . . . The question of excessive bleeding in the surgical field has been the subject of investigation. . . . Our own surgeons feel that the advantages in using cyclopropane greatly outweigh the slight to moderate excess oozing which frequently does occur. . . . We have used cyclopropane in almost every type of surgery. . . . It has been necessary to supplement cyclopropane with ether in 6 per cent of the cases of abdominal surgery, although

frequently but small amounts of ether were used. . . .

"We have found that cyclopropane is of special merit in cesarean section. The patients do not perspire as they used to, the babies seldom have to be resuscitated, and it is possible to flush oxygen through the mother's blood and into the baby just before the cord is cut. We have had only 4 deaths in 423 cesarean sections in the last twelve years, and none under cyclopropane. One death was due to embolus on the thirteenth postoperative day. It is of the utmost importance that the patient be provided with a good airway during cyclopropane anesthesia. . . . It has been found that cyclopropane combined with basal avertin with amylene hydrate makes an excellent combination anesthesia for toxic thyroid surgery. . . . It has been found that cyclopropane is very useful as an adjunct to spinal anesthesia. . . . At the Rochester General Hospital we use the carbon dioxide absorption technic in nearly every case. . . .

"Preoperatively we use morphine, scopolamine, soluble pentobarbital, seasonal . . . and combinations of these drugs. . . . We have found that helium is often of considerable help in carrying the cyclopropane and oxygen through a compressed trachea or other obstruction to the airway. We also use helium occasionally toward the end of an operation, particularly a longer one. . . . We feel that as long as the pulse remains over 50 the patient is not in immediate danger, but with slowing of the pulse we advance the oxygen intake. . . . It is well known now that one must not give drugs preoperatively that increase sympathetic tonus. We find that cyclopropane is well tolerated by all age groups. . . . We use intravenous fluids in good measure in all cases of cyclopropane anesthesia of any duration and when the surgery has been of any magnitude.

Since employing these prophylactic measures we have found fewer cases of 'cyclo shock.''' 18 references.

J. C. M. C.

CRANE, R. M., AND WHITACRE, R. J.: *Cyclopropane Anesthesia*. Ohio State M. J. 38: 239-240 (Mar.) 1942.

"The actual number of times cyclopropane was used at Huron Road Hospital either alone or with other agents during the last seven years . . . reflects an increase in popularity of this agent as judged by the number of administrations each year. . . . Following a very rapid rise during 1936 and 1937 there has been a gradual decrease each succeeding year in its use as the sole anesthetic agent. Probably the most significant finding here is its decreased use for intra-abdominal operations. This may be largely accounted for by the increased satisfactoriness of other methods of anesthesia for these cases. It may be stated that cyclopropane unsupplemented is now only occasionally used as a method of producing profound degrees of anesthesia. The apneic technique of using this gas has occasionally been very useful. It has not, however, become popular as a routine procedure. Other reasons for the decreased use of cyclopropane are the substitution of non-inflammable agents when certain electrical appliances are employed and the increased use of intravenous and regional anesthesia for orthopedic, rectal, urological, and emergency operations. Cyclopropane is also being used less frequently as the agent of choice for operations on the thyroid gland. This is due to the incidence of respiratory obstruction unless an endotracheal airway is employed. . . . It is our practice to supplement intentionally many of our spinal anesthetics with a light plane of cyclopropane. . . . The other uses of cyclopropane have been principally with ether. . . .

In the past this combination was used principally for intra-abdominal operations but during the last two years regional anesthesia has been displacing cyclopropane and ether in this type of operation. Ether is now used to supplement cyclopropane when adequate relaxation cannot be produced without undue respiratory or circulatory depression. Ether is also used whenever it is necessary to use unusually high concentrations of cyclopropane to maintain the desired level of anesthesia."

J. C. M. C.

LUND, C. J.: *The Relation of Inhalation Analgesia and Anesthesia to Asphyxia Neonatorum*. Am. J. Obst. & Gynec. 43: 365-376 (Mar.) 1942.

"Guedel has defined an ideal anesthetic agent for obstetrics as one that 'should have no ill effect, immediate or remote, upon either the mother or the baby. It should render true physical relief from suffering, and should be applicable over a long period of time without influence upon uterine contraction. It must present to the obstetrician a patient in satisfactory condition for correct delivery, and to be practical it must admit of convenient and simple application.' . . . Notwithstanding the voluminous literature concerning obstetric anesthesia there is a paucity of actual data about its influence on asphyxia neonatorum. . . . The use of the punch-card system necessitates accurate definitions of the conditions to be recorded. Usually the criteria have varied according to the personal views of the particular investigator, and therefore we have adhered to the classification which has proved satisfactory in our experience. It is unfortunate that so many exist. Occasionally incomplete records may have led to minor errors in classification of the mild types of asphyxia, but in the 'moderate' and 'severe' groups