

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