

and cyclopropane, ethylene, nitrous oxide, helium, vinethene and ether. During the six months' course each man does eighty to a hundred endotracheal intubations. Instruction is also given in regional anesthesia, and experience is obtained in the use of regional field blocks as a diagnostic and therapeutic measure. Since post-operative suction bronchoscopy is taken care of by the Department of Anesthesia, instruction is also made available in this important phase of the surgical patient's care. . . .

"While the training of these men perhaps has added a little to the burden of the Clinic staff members in completing the day's work, the appreciation of the Naval men and their high character and intelligence, both commissioned and enlisted, is such as to make the undertaking a gratifying one, not only from the personal point of view but also from the point of view of national effort. In addition, I am hopeful that as the Army obtains the number of physicians which it considers sufficient, similar training can be given to Army medical officers and enlisted personnel. . . .

"Any replacements of professional personnel in the Clinic have been either women physicians or men who have applied for a commission and have been rejected."

P. M. W.

(EDITORIAL) WATERS, R. M.: *Modern Methods in Anesthesia and the War*. Surg., Gynec. & Obst. 76: 125-127 (Jan.) 1943.

"It is probable that neither the care of accidents in civil practice nor the performance of necessary surgical procedures for soldiers and sailors in time of peace have constituted an adequate background of experience from which to predetermine our conduct under the circumstances of war. Doubtless both

surgeon and anesthetist will modify their plans of action as experience with battle casualties become extensive in the months and years to come. . . . On superficial consideration, it might be concluded in the interest of simplicity that one or two drugs given by one or two techniques should be chosen for military practice. . . . The demand for a varied attack by the military anesthetist may be even greater than in civil practice. A physician trained in anesthesiology may contribute many services in addition to the prevention of pain due to operations. . . . As soon as the number of well qualified officers is sufficient, it should be recognized that one anesthetist may be assigned with advantage to every surgical team. Particularly is this true of units dealing with chest and abdominal wounds. . . . The type of apparatus provided for the anesthetist in our armed forces is of some importance. . . . News from anesthetists in active service indicates that certain of the simpler but more essential and less expensive pieces of equipment are not available. . . . Medical officers, whether serving on land or sea, not infrequently find themselves under the necessity of being 'all things to all men.' Knowledge or skill in only one specialty cannot avail at such times. Common sense is the best substitute for deficiency of either knowledge or skill. . . . Those officers receiving instruction and experience during the war will be in a position to render better service than formerly to their patients when they return to civil practice, regardless of whether or not they choose anesthesia as their special field. The Surgeons General of the Army and of the Navy are to be congratulated upon their efforts to provide modern anesthesia, as well as modern medical service of every sort, to the armed forces. It seems probable that the results will justify this attitude."

J. C. M. C.