

flares and the lowest absolute values. The skin flares from intradermal injections of natural allergens also showed a decrease in size under ether anesthesia and in cases of shock. In no case, however, did a strongly positive reaction become negative under anesthesia or shock." 10 references.

J. C. M. C.

MORRISON, L. M.: *A Study of Hepatic Toxicity with Seven Currently Used Anesthetics*. Rev. Gastroenterol. 10: 171-182 (May-June) 1943.

"A comparative study was made of the toxic effects on the liver of seven currently used anesthetics: spinal injections, ether, nitrous oxide, cyclopropane, avertin (administered rectally), evipan (administered intravenously), and chloroform. The patients were grouped as follows: (1) spinal anesthetic in the presence of proved liver disease; (2) spinal anesthetic in patients with proved normal livers; (3) ether in combination, in the presence of proved liver disease; (4) ether in combination, in patients with proved normal livers; (5) cyclopropane; (6) avertin; (7) evipan; (8) nitrous oxide and oxygen; (9) chloroform. . . . In the first phase of our investigation, the postoperative liver function following ether and spinal anesthesia was evaluated comparatively in the presence of liver disease and in patients with normal livers. This study was based on the bile-salt concentration in surgical-drainage bile and in the urine. . . .

"Thirteen groups of selected cases were studied daily postoperatively. . . . In abdominal surgery, in the presence of both the normal and the pathological liver, spinal anesthesia places a considerably smaller toxic burden on the liver than does ether anesthesia. In cases of biliary-tract surgery, the rate of recovery of the pathological livers as well as of the normal livers was considerably more

rapid after spinal anesthesia than after ether anesthesia. In the presence of liver disease, the degree of hepatic suppression or insufficiency following spinal anesthesia was very much less during the first eleven postoperative days than that following ether anesthesia. Sodium evipan, cyclopropane and nitrous-oxide anesthesia had no discernible postoperative toxic effects on the liver. Rectal avertin anesthesia caused postoperative hepatic dysfunction for twenty-four hours. Chloroform anesthesia as used in obstetrics imposed a postpartum toxic liver dysfunction of twenty-four hours' duration." 34 references.

J. C. M. C.

CHIVERS, ELVA M.: *Anaesthetic Explosion Due to Static Electricity*. Lancet 1: 527 (April 24) 1943.

"At about 11 a.m. on July 10, 1942, an anaesthetic explosion occurred in the gynaecological theatre of the West Middlesex County Hospital. The anaesthetic apparatus in use at the time was a Boyle's machine consisting of a table with nitrous-oxide, oxygen and carbon-dioxide cylinders attached, a dry flowmeter, chloroform and ether bottles, and a Magill unit. No CO<sub>2</sub>-absorber was attached to this machine. One operation had been performed under a general anaesthetic, and the second patient, a middle-aged woman, was about to undergo a minor gynaecological operation. After a quiet induction lasting about five minutes, during which she was given N<sub>2</sub>O-O<sub>2</sub> ether mixture, she was wheeled into the theatre together with the Boyle's machine; the face mask was kept on the whole time. She was then lifted on to the operating table, and the stretcher trolley was wheeled out of the theatre. After about two minutes, during which the anaesthetic mixture had not been changed, and without the slightest indication of anything being