

In complications of pregnancy, labor, and delivery involving the cord and placenta, analgesics and anesthetics may be particularly harmful, for the very nature of such complications is bound to cause varying degrees of anoxemia in the baby. . . . In the delivery of prematures, great care should be used in the selection of analgesics and anesthetics, both as to kind and as to dosage. Those that depress the respiratory effort or interfere with oxygen supply should be avoided. Such drugs are often the deciding factors in survival. It appears as though caudal analgesia offers much in the delivery of premature infants."

J. C. M. C.

LYFORD, JOHN III: *The Choice of the Anaesthetic Agent and the Care of the Patient in Relation to the Anaesthesia in Orthopaedic Surgery*. J. Bone & Joint Surg. 25: 659-662 (July) 1943.

"The anaesthetics used in orthopaedic surgery include the inhalation, local, spinal, rectal, and intravenous agents. . . . Local and spinal anaesthetics have a restricted use in orthopaedic surgery because they permit operative procedures only in limited regions. . . . Pentothal sodium is advocated for patients with head injuries on whom orthopaedic procedures must be performed, because it is associated with little nausea or vomiting, and has little effect on the blood pressure and intracranial pressure. It is valuable, also, for anaesthetization of patients with epilepsy, since it is a barbiturate. On the Orthopaedic Service at The Johns Hopkins Hospital, pentothal-sodium intravenous anaesthesia has been found effective for most orthopaedic procedures. . . . A recent study revealed no deaths due to the anaesthetic agent among patients undergoing orthopaedic procedures in The

Johns Hopkins Hospital during the last ten years. . . . Elective orthopaedic procedures requiring anaesthesia should be postponed until any existing infection of the respiratory tract has been cleared up. . . . In general, orthopaedic patients in the 'poor-risk' group and those in shock do not react so well to major operative procedures performed under local or spinal anaesthesia as under general anaesthesia. Especially in patients undergoing emergency orthopaedic procedures is it important to consider the details of preanaesthetic medication, the choice of the anaesthetic, and the judicious use of intravenous fluids. In orthopaedic surgery, because the anaesthetic agents which may be used alone or in various combinations make available anaesthesia suitable for almost any procedure on any patient, both the operative procedure and the patient's course can be made easier and more uneventful by the constant recognition of the essential part that the anaesthesia plays in the whole picture of an operation, and by close cooperation between the orthopaedic surgeon and the anaesthetist."

J. C. M. C.

MCMASTER, P. E.: *Treatment of Ankle Sprain: Observations in More than Five Hundred Cases*. J. A. M. A. 122: 659-660 (July 3) 1943.

"Ankle sprains may cause much disability, and often do, in military, industrial and other activities. Observations on various types of treatment in over 500 cases closely studied are presented. More than 200 of the patients were treated with injection of procaine hydrochloride solution and over 200 were strapped with adhesive tape. Sixty-eight received either no treatment or cold and hot packs or an elastic bandage for support. The patients treated were men in active military