

complications. Although healing of wounds may be slowed by so doing, risk of serious trouble on that score is slight compared to the advantage gained. . . .

"Recently I reviewed the records of 1,204 patients sixty-five years of age or older who underwent one or more major operations, at the hands of general surgeons of the Mayo Clinic during the years 1939 and 1940. . . . Complications that occur following surgical operations on patients of advanced age are, as would be expected, of a high incidence. . . . Infections of the urinary tract are of frequent occurrence but usually are not significant. Generally they can be controlled easily by use of the chemotherapeutic agents. . . . Respiratory complications . . . make up a high percentage of the complications and were the primary or contributing causes of death in fifty-three of the 120 cases in this series in which death occurred. I am hopeful that increased postoperative use of chemotherapeutic agents and of oxygen and carbon dioxide by inhalation as well as frequent changes of position and getting these patients out of bed early after operation, will materially reduce the seriousness of this complication. . . . The ability of the heart to carry through an operative procedure is extremely hard to estimate. I doubt if much can be done at present to eliminate this hazard. Thrombophlebitis occurred much less frequently than was to be expected among patients of the age concerned. Old patients present postoperative psychosis much more frequently than do younger patients, but this complication is not a factor in mortality."

J. C. M. C.

DALY, H. J.: *Magill Tubes: a Warning*. M. J. Australia 2: 98 (July 31) 1943.

"Today, I gave an anaesthetic to a patient to have some teeth extracted

and, as is my usual practice in such cases, passed a Magill tube, Number 9, and packed off the hypopharynx. There appeared to be some obstruction to respiration—difficult to explain with a large tube—but the resulting degree of cyanosis was overcome by connecting up an oxygen cylinder to the ether vaporizing unit. . . . At the close of the operation the tube was withdrawn, and on examination it appeared to be blocked. On pushing a small brush through, a piece of smooth rubber, the size and shape of a date seed, was extruded. This almost completely blocked the lumen, but was freely movable and so slippery that it could quite easily have been blown into a bronchus.

"On relating the above story to a colleague, he told me that a mutual medical friend had found a similar piece of rubber in a Magill tube. I then went through some new Magill tubes, of Australian manufacture, and in three out of six Number 10 tubes I found exactly similar pieces of rubber. Whether these plugs are put in during manufacture for some purpose, or are accidentally left in the tubes, I do not know, but they are extremely dangerous. I would suggest investigation of any cases which have lately had such size tubes passed and have an unexplained post-operative pulmonary complication."

J. C. M. C.

KAPLAN, H. M.: *An Effective Method for Anesthetizing Small Animals*. J. Lab. & Clin. Med. 28: 1357-1358 (Aug.) 1943.

"One can readily work alone without difficulty by placing not too docile animals within a wooden box. If the dimensions of length, height, and width, respectively are about 16 × 13 × 11 inches, it adequately accommodates any cat or smaller animal. Windows should be inserted in at least two of the sides so that the animal's con-