

undue drop in blood pressure and no great respiratory difficulty. The length of time it can be made to last is sufficient for any surgical procedure without endangering the patient as one large dose of local anesthesia subdurally often does."

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EISENHART, C.; SIMPSON, R. A., AND GILLESPIE, N. A.: *Ether versus Cyclopropane (A Statistical Comparison of Circulatory Complications after Abdominal Operations)*. Brit. J. Anaesth. 18: 141-159 (July) 1943.

"By means of the punched card system an investigation was conducted into the incidence of circulatory complications during the period in the hospital following an operation performed with cyclopropane or ether. The cyclopropane series consisted of 257 cases of upper abdominal, and 1268 cases of lower abdominal interventions. In the case of ether, the corresponding figures were 435 and 531. The relation between pre-operative cardiovascular disease, physical state, the agent in use, and post-operative circulatory complications has been considered both for upper and lower abdominal operations. These figures have been subjected to statistical analysis. The relationship between the plane of anaesthesia and post-operative circulatory complications has been investigated in a similar manner. . . .

"In a healthy patient subjected to anaesthesia for an upper abdominal operation, the tendency to circulatory complications is greater after cyclopropane than after ether, and is more marked among patients suffering from disease of the circulatory system. The incidence of post-operative circulatory complications is higher after upper than after lower abdominal operations. The data suggest that, after operations

below the umbilicus, post-operative circulatory complications may be more liable to follow cyclopropane than ether anaesthesia, but the evidence is of insufficient strength to warrant this conclusion. With ether, the deeper the plane of anaesthesia, the greater the incidence of circulatory complications in the post-operative period. In the case of cyclopropane this statement is true of lower abdominal operations. It is probably also true of upper abdominal operations unless 'controlled respiration' is in use. The circulatory complications in the post-operative period, although of considerable importance, constitute only one of many factors which should be weighed when choosing the agent for use in any particular case. The facts enumerated above should be applied in practice with the judgment which only extensive clinical experience can give." 14 references.

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TAINTER, M. L.; TAINTER, E. G.; LAWRENCE, W. S.; NEURG, E. N.; LACKEY, R. W.; LUDWEN, F. P.; KIRTLAND, H. B., JR., AND GONZALEZ, R. I.: *Influence of Various Drugs on the Threshold for Electrical Convulsions*. J. Pharmacol. & Exper. Therap. 79: 42-54 (Sept.) 1943.

"An electrical device . . . was used for measuring the convulsive threshold of unanesthetized rabbits, using a high resistance stimulator and 60 cycle alternating current. . . . Barbitol compounds, dilantin, 3-methyl 5-5 phenyl ethyl hydantoin, and propazone raised the convulsive thresholds generally proportional to the dose. The barbitals showed surprisingly little difference in potency for equivalent doses. Propazone appeared to be the weakest of this group. Marked degrees of depression of excitability were produced by the hypnotic or anesthetic group of