

method employed is an open one. Most of the complications reported with trichlorethylene have occurred with its use in closed systems. Of most importance is the fact that the type of patient dealt with requires at most, first plane anesthesia. If deeper anesthesia is required, other agents, ether or chloroform, are recommended.

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LUNDY, J. S.; ADAMS, R. C., AND SELDON, T. H.: *Anesthesia Today*. Wisconsin M. J. **42**: 1235-1239 (Dec.) 1943.

"The present global war has resulted in a dispersion of the physician anesthetists formerly available in civil practice. Nurse anesthetists also, although more numerous than physician anesthetists, are relatively scarce. . . . Because of the trauma of war, two of the most urgently needed therapeutic measures are relief of pain and measures to combat shock. These activities are in the daily practice of the anesthetist, and it is but natural that his field of usefulness should be in demand in the practice of military medicine. . . . After the war, the number of anesthetists who can be spared from military service can, and we think will, be absorbed into civilian practice very quickly, and even then the civilian demand will not be properly filled. . . . The principal need now and in the future will be for skill in the administration of anesthetic agents and in associated activities. . . . To develop the necessary skill and judgment, it is necessary that the anesthetist be conversant with the fundamentals of anatomy, physiology and pharmacology, but, above all, he must be a relatively good clinician. . . . Advances in anesthesia are not necessarily dependent on the development of new agents, although that is a considerable factor, but are also dependent on development of new techniques. . . . The

results associated with the ever expanding field of anesthesiology have meant that most complete anesthesia records must be maintained. . . . Advances in clinical anesthesia must be paralleled by advances in essential knowledge and research acquired in the laboratory and disseminated through the published literature so that work of merit will not be semi-permanently overlooked." 4 references.

J. C. M. C.

KRANTZ, J. C., JR.: *Recent Advances in Anesthesia*. J. Am. Pharm. A. Scient. Ed. **32**: 287-293 (Nov.) 1943.

"Divinyl oxide is more powerful than ether. . . . With it, anesthesia is rapidly induced, but owing to hepatic injury which may occur upon prolonged inhalation of this anesthetic agent, its use is confined to operations of short duration. . . . [Cyclopropane is more potent than ethylene and hence permits the admixture during anesthesia of a larger percentage of oxygen. Relaxation of abdominal musculature is good during cyclopropane anesthesia. During the decade of its use the gas is now established as an important and dependable agent. . . . At the Medical School of the University of Maryland in 1939, Krantz, Evans Carr and Forman succeeded in developing a chemical reaction for the convenient preparation of aliphatic cyclopropyl ethers. Four of these ethers have been prepared already, and one of them has had preliminary trial. This new anesthetic agent is cyclopropyl ether known as cyprome ether. . . . The compound appears to be promising. Other new anesthetic which have been produced by these investigators and are under study at the present time are: Cypreth ether, cyclopropylene ether and propethylen ether. . . . The widest use of . . . [pentothal] recently has been in pro-