method for dilatation and curettage in the menopausal age group. For encephalograms it was preferable to pentothal sodium or avertin. The topical applications were made mostly with four per cent metycaine. The most important advance in methods of anesthesia during the past year at this hospital was the addition of continuous or fractional spinal anesthesia to our armamentarium. All cases of extensive or poor-risk surgery were given oropharyngeal oxygen. We will continue to use liberally pure oxygen as a supplement to any type of anesthesia. All the ether anesthetics were used for tonsillectomies.”

J. C. M. C.


“It is doubtful if the ordinary electrical equipment found in the average X-ray department, quite apart from the X-ray units themselves, complies with the standards which have been adopted as necessary for safety in operating theatres. Ether cannot be administered with safety in the X-ray room and its use must be prohibited. When ether is used as an anaesthetic in the operating theatre a portable X-ray apparatus must not be brought into operation until the ether bottles have been removed and the room and the patient’s air passages are clear of the vapour. The use of ether-air and ether-oxygen mixtures for anaesthesia has, doubtless, great advantages in certain cases, but as these mixtures are explosive, it is of the utmost importance to remove all possible causes of ignition wherever they are used. The possibility of static electricity being produced by friction in the operating theatre and the means for dissipating it led to investigations in many laboratories. Electricity is frequently produced by the movement of fabrics, blankets and sheets over trolleys well insulated by rubber tyres. The generation of static electricity is much easier in a dry atmosphere than in a damp one.”

J. C. M. C.


“For many years the danger of the ignition and explosion of various anaesthetic vapours has been a very real one. This is especially the case in countries like the United States and Canada, where the humidity of the air is apt to be greatly reduced either by high atmospheric temperatures or equally, and this is perhaps not so generally appreciated, by very cold dry spells which, owing to the freezing and precipitation of all moisture, also result in the air becoming very dry. In recent years and in spite of no appreciable improvement in British weather, anaesthetic explosions, although still very rare, if expressed in percentages of anaesthetics administered, have still been sufficiently frequent, and sufficiently disastrous, to call urgently for serious investigation. The more one can adopt procedures that will make explosions impossible at ordinary operations, the better the position with regard to X-ray departments. There is no so many non-inhalation methods among agents of anaesthesia that if any danger is anticipated, a suitable one can be usually selected. There are all forms of local analgesia. We have new developments of an old, but long ago discontinued, method—that is intravenous anaesthesia. Then again, a great deal can be done by a combination of one of the above methods with what we call premedication. The use of these particular