"The principle upon which the ice treatment is based is not a freezing process but one of chilling the protoplasm. When the temperature of the tissue is brought down to between 35 and 40 degrees Fahrenheit the activity of all protoplasm is inhibited. . . . We are very enthusiastic about this method, for in my thirty years of practice about 98 per cent of our diabetics died following amputation, whereas now, with the anesthesia of protoplasm, 98 per cent are living, and the two first cases have been wearing artificial legs for over eighteen months."

J. C. M. C.

FAULKNER, R. L., AND RIEMENSCHNEIDER, E. A.: *Postoperative Care and Complications of Gynecological Patients.* Ohio State M. J. **40**: 639–642 (July) 1944.

"Morphine and plenty of it is the general practice following pelvic operation. . . . It is well to remember that morphine may prolong the period of nausea in some patients and these should be given pantopon or dilaudid which may be better tolerated. After three or four days codein may be utilized. A milder sedative or hypnotic at bed time may decrease somewhat the amount of narcotic needed. . . . In pelvic surgery there should rarely be serious shock without excessive loss of blood since operations in the lower abdomen are generally well tolerated. . . . Atelectasis is usually the earliest pulmonary complication following operation. . . . Postoperative pneumonia is essentially the same as pneumonia affecting the patient at any other time."

J. C. M. C.

LENAHAN, N. E.: *New Methods of Anesthesia and Their Application in Office Practice.* Ohio State M. J. **40**: 643–649 (July) 1944.

"Many times anesthesia of a part or area is required and no available anesthetist or anesthetic equipment is available. In this case the blocking of the nerve or infiltrating the area with novocaine or related compounds proves very effective." 5 references.

J. C. M. C.

WHITE, C. S.: *Demerol—a Substitute for Morphine in Surgical Practice.* Virginia M. Monthly **71**: 351–353 (July) 1944.

"We have been using Demerol in a surgical practice for more than a year. . . . For the relief of pain, particularly of a spasmodic character, such as renal or biliary colic, it is a very satisfactory substitute for morphine. The dose has been 100 mg. hypodermically or intramuscularly. . . . Demerol does not induce sleep, but sleep frequently follows the relief of pain. Following operation, it is given every three or four hours during the first 24 hours, its administration being left to the discretion of the nurse—then about twice in the next 24 hours. Thereafter mild sedatives are substituted and usually suffice. We have found Demerol particularly useful in those patients who tolerate morphine poorly or have an idiosyncrasy for the drug. . . We have not seen the depression in respiration, cyanosis, pruritis or excitation which is occasionally noted after the administration of morphine following the use of Demerol, possibly because we have been satisfied with a conservative dosage. Our experience is limited almost exclusively to surgical cases. In about fifty cases in which it was used as a part of the preparation for a general anesthetic, it seemed to relax the patient but did not produce narcosis to any degree. Combined with one of the barbiturates, seconal for instance, it formed a most satisfactory substitute for morphine and atropine, and we believe it can be relied upon to eliminate the excitation