

making a compound which the chemist would call an isomer—i.e., it contains the same atoms, the same number of atoms but arranged differently in space. . . . Propethylene has been used hundreds of times. Its potency is about four times greater than that of ethyl ether, its concentration in the blood 25 mg. per cent under deep surgical anesthesia in contrast to 150 mg. per cent with diethyl ether. In it we believe we have developed a new principle in general anesthesia. Other volatile anesthetic agents enter and leave the body unchanged. Propethylene is partially broken down in the human body into acetone and acetic aldehyde, each substance being less toxic than propethylene itself. It is interesting after a two hour anesthesia, as the patient is being lifted to the surgical carriage, to see him open his eyes and regain complete consciousness. The boiling point of propethylene ether is 55° C. compared with 36° C. for ethyl ether, which makes it available in tropical countries where ether is difficult to administer. We do not know—only time will tell—whether in this centenary year of anesthesia we have added another useful anesthetic agent to the armamentarium of the anesthetist.”

J. C. M. C.

NARANCIO, MARTIN MIQUEO; PIERSON, JOHN C.; MCNEER, GORDON, AND PACK, GEORGE T.: *The Economic Value of Peritoneoscopy*. Ann. Surg. 121: 185-190 (Feb.) 1945.

“This relatively safe minor procedure will often prevent useless exploratory celiotomies in patients who are poor surgical risks. . . . Peritoneoscopy is generally indicated in the following conditions: Intra-abdominal tumors, particularly malignant tumors; cirrhosis of the liver; ascites of undetermined origin; tuberculous peritonitis; ectopic pregnancy; and lesions of the

internal female genitals. The procedure is contraindicated in acute inflammatory conditions of the abdomen; advanced cardiac or pulmonary diseases; and extensive peritoneal adhesions. The single death in this series occurred in a jaundiced patient; this fatality, from slow, hidden intraperitoneal hemorrhage, would not occur now, with the routine employment of prothrombin estimation and vitamin K therapy. . . .

“The brief period of hospitalization is of economic significance to the patients.”

A. W.

MART, J. A., AND MILLER, J. R.: *The Effect of Diathermy on Coronary Flow*. Am. Heart J. 29: 390-395 (March) 1945.

“1. The effect of applying diathermy over the heart on the coronary flow of the dog was measured.

“2. As measured by this method, a significant increase in the coronary flow was demonstrated.”

A. W.

WHALEN, E. J.: *Anesthesia in Peroral Endoscopy*. Ann. Otol., Rhin. & Laryng. 53: 469-479 (Sept.) 1944.

“The seasoned endoscopist with deft technic may, by the judicious use of sedative drugs, be able to carry out most endoscopic procedures with the aid of a local anesthetic. . . . The choice of a preanesthetic agent is predicated on the type of anesthesia to be used and not on the nature of the surgery to be performed. . . . The purpose of the preanesthetic drug is manifold: to allay the fears of the patient, to reduce the amount of anesthetic required, to induce and continue a state of anesthesia, to dry secretions and to counteract the toxic effects of other drugs. . . . In practice, this ideal situation is accomplished by the use of morphine sulfate gr. 1/4 and scopolamine