since alveolar damage may follow with pulmonary hemorrhage and edema. . . .

"Avertin in amylene hydrate has gained a merited popularity for use before complemental anesthesia is induced. Given in aqueous solution by rectum, it is absorbed quickly (95 per cent in twenty-five minutes) and produces two effects unlike most other depressant drugs. Intracranial pressure and intraocular tensions are reduced. . . . Objections to its use are many but more particularly are associated with liver or kidney damage since the drug interferes with normal functioning of these organs. . . .

"This discussion properly should include the role of many other drugs, foods, fluids and inhalation therapy in the pre-anesthetic preparation of patients. . . . Some common examples are insulin for the diabetic, iodine for the thyrotoxic, blood for the anemic and fluids for the dehydrated patients. Such preparation should be considered also in the role of prophylaxis for the complication of anesthesia. . . .

"Another significant interest in pre-anesthetic preparation is the mental and physical comfort of the patient. . . . The influence of emotional factors upon physiologic processes is better understood now but the specific effects these may have in determining the morbidity and mortality from anesthesia are still speculative. . . .

"The pre-anesthetic visit of the anesthetist is an integral part of preparation. Such a visit is not made with the surgeon or internist to discuss the case or plan the procedure. That should be done elsewhere. The visit is made to become acquainted, gain confidence, learn the anesthetic history and to observe the patient in an environment other than the operating room. . . . Pre-anesthetic preparation must be rigidly individualized." 9 references.

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MORTON, H. J. V.: *An Anaesthetic Facepiece for Use in Thoracic Surgery.* Brit. M. J. 1: 16 (Jan. 6) 1945.

"The modified McKesson type mask with a special outlet tube over the mouth, together with preferably Magill's flexible connector, is used in the ordinary way during induction. . . Direct laryngoscopy is performed and a wide-bore Magill's tube passed through the mouth. . . . After the tube has been passed a London Hospital airway is threaded over it to give protection against the teeth. . . . The mask is put on again. With the aid of a Spencer Wells forceps a sorbo washer is threaded over the end of the tube and pushed down until it rests on the flange. Magill's connector is then plugged in. The outlet tube of the mask is of such a length that the end of the connector when pushed right home presses the washer firmly against the flange and seals off the joint between intratracheal tube and connector from the cavity of the facepiece and makes it air-tight. A Clausen's harness and chin-strap hold the whole assembly firmly in position. With the patient's head extended the intratracheal tube should be long enough to reach from just below the larynx to just above the outlet tube of the mask." 5 references.

J. C. M. C.