used. In two cases, the exitus was so sudden that the patient expired undelivered, and in the other case, an agonal cesarean section resulted in delivery of a living child. There will ever remain some risk due to anesthesia, and in a total of 66,376 births, 8 cases died of anesthesia, a ratio of 1 to 8,297.

"This represents the sum total of our experience with anesthesia, and in attempting to assess the element of preventability, one must say that, with the exceptions noted, all the approved and standard technical criteria and procedures were followed and adhered to, and in viewing the problem from this standpoint, there is present an element of preventability in but two of the eight cases."

A. W. F.

HAND, L. V.: *Anesthesia for Gynecologic Surgery.* Surg. Clin. North America, Lahey Clinic Number 530–535 (June) 1945.

"Anesthesia for gynecologic operations must insure the maximal degree of safety for the patient. . . . The methods of choice for minor procedures are intravenous, inhalation and caudal anesthesia. The inhalation anesthetic agent of choice is cyclopropane. The use of cautery or high frequency currents in these operations introduces the factor of explosive hazard. In the presence of this hazard an intravenous agent is employed, preferably pentothal sodium. . . . The methods of anesthesia for major procedures may be classified under two main groups, inhalation anesthesia and spinal anesthesia. The inhalation anesthesia employed for these operations is closed system carbon dioxide absorption with cyclopropane-ether, either with or without endotracheal intubation. The customary agents employed for spinal anesthesia at the Lahey Clinic are pontocaine and nupercaine. . . . For operations probably lasting less than one and one-half hours and requiring little or no Trendelenburg position, pontocaine with dextrose solution by the Lahey Clinic (Sise) technic has proved satisfactory. Combined perineal and intraabdominal operations frequently exceed one and one-half hours. These operations often are performed in moderate to steep Trendelenburg position. . . . In such operations nupercaine, 1 to 1500 dilution, using a modification of the Howard Jones technic is employed. . . . Our agent of choice for continuous spinal anesthesia is pontocaine-dextrose. . . . Supplementary anesthesia is occasionally resorted to when the patient is uncomfortable as a result of traction reflexes. This supplementary anesthesia may be administered by inhalation or by intravenous injection." 5 references.

J. C. M. C.

WAINWRIGHT, G. A.: *Experiences with Pentothal During the First 100 Days Following the Normandy Invasion.* Canad. M. A. J. 52: 484–488 (May) 1945.

"No. 4 Canadian General Hospital, with a normal capacity of 600 beds, functioned during this first 100 days following the Normandy invasion as a C. C. S. rather than as a static base hospital. Only those cases requiring urgent surgery could be dealt with during those strenuous days. During this period 2,203 cases were operated on and pentothal was the anaesthetic agent employed in 1,887, a percentage of 86.3. Of these 1.887 cases it was used as a single agent in 1,790, and in combination with other agents in 97. . . . Two grams of pentothal was decided upon as the maximum dose to be used and this was rarely exceeded. . . . Routinely, morphine gr. $\frac{1}{6}$, and atropine gr. $\frac{1}{150}$ were given 45 minutes before operation. If the crowded