

[as status lymphaticus] exists, but there is no doubt that certain children show an unusual susceptibility to sudden death from trivial causes, amongst which is the administration of an anaesthetic. Many anaesthetists are of the opinion that deaths during anaesthesia, which are attributed to status lymphaticus, are due in reality to an overdosage in a very susceptible patient, and the measures that should be taken, should respiration fail in such types of patients, are the same as in any other cases of respiratory arrest, namely, the provision of a clear airway, and artificial respiration combined with the administration of oxygen. This treatment will be successful if the overdose of anaesthetic has not been too great."

J. C. M. C.

GORHAM, A. P.: *Anaesthesia in Oral and Pharyngeal Surgery*. Med. Press & Circ. 214: 216-219 (Oct. 3) 1945.

"Surgical operations which have to be performed with the patient's mouth open present special problems for the anaesthetist. . . . If a tube is not to be introduced, and it is by no means always necessary or even possible, then the patient will be induced by any well-practised and convenient method and the maintenance carried on by conducting the anaesthetic mixture through a nasal catheter, a small airway in the mouth or the tube on the tongue plate of a Boyle-Davis mouth gag, unless an intravenous route be used. Intravenous agents such as pentothal sodium or evipan can be used, but as they do not abolish the pharyngeal reflex they are not very suitable for this work. . . . For any prolonged or major procedure the use of the endotracheal tube is indicated and this method may also become the one of choice in a comparatively minor operation where there is a danger of

some foreign substance entering the trachea or of the airway becoming occluded." 1 reference.

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MANNING, G. C., JR.: *Homemade Anesthesia Machine for Small Medical Facilities*. U. S. Nav. M. Bull. 45: 974-976 (Nov.) 1945.

"The medical and surgical supply allotments to the smaller ships of the fleet are usually quite limited, yet many of these smaller ships, especially LSTs, are frequently designated as auxiliary hospital ships or casualty evacuation ships for amphibious operations. . . . A gas anesthesia machine is never aboard. Although spinal, local, and pentothal anesthetics are sufficient to handle the majority of casualties, an occasional patient requires an inhalation anesthetic, and for patients with thoracic wounds, positive-pressure anesthetic may be of considerable aid. . . . For this reason a gas-anesthesia machine was designed and built on one casualty evacuation ship. As gas cylinders were not attainable, ether was used as the anesthetic agent. The machine was constructed completely from material obtainable aboard ship, and differed in basic design from commercially built machines only in the method of introducing ether into the system. Oxygen was supplied from a cylinder of commercial gas such as is used for an oxyacetylene torch. . . . A tight-fitting old-type Army gas mask was used. All parts except the rubber portion of the mask which covers the nose and mouth, and which contains the inlet and the valve, were discarded. The valve was sealed with adhesive tape, and in order to make the mask easier to handle, the clips holding the head strap to the mask were pulled out on the left side, leaving a small hole through which buttons sewed to the ends of the head strap secured the mask. The rebreathing bag was a