Controlled respiration is more easily performed when a functioning air-way is assured with endotracheal catheter in place. This may be placed in a conscious patient by application of local anesthesia to the upper air passages. Well fitted face mask and rebreathing bag with carbon dioxide absolute unit complete the apparatus.

No preanesthetic medication was given, in order to avoid any effect upon the fetus.

The patient was anesthetized and an endotracheal tube placed while in the respirator.

The anesthesia was then discontinued, and the patient removed to the operating room. After surgical preparation, cyclopropane-oxygen was administered by manual respiration. The infant was quickly delivered during an uneventful anesthesia. Results were considered entirely satisfactory.

M. F. P.

HABEEB, ALFRED: *Choice of Anesthetic in Urological Surgery.* South. M. J. 39: 149–154 (Feb.) 1946.

"In spite of the fact that the urological surgeon, in the large majority of his cases, is faced with the problem of operating upon an elderly individual, and that most of these patients present complicating pathology, such as cardiorenal disease, hypertension, diabetes, and a low renal function, it must be granted that tremendous improvement in mortality and morbidity figures has been made in recent years. . . . In our practice at the Employee's Hospital, as well as in our private work in Birmingham, spinal anesthesia has been the choice for all of these major surgical cases. . . . Premedication should be considered as part of the actual anesthesia. . . . Regardless of the anatomical position of our surgery, that is, whether in the transurethral, suprapubic or lumbar regions, spinal anesthesia is our choice anesthetic agent. . . . A patient under spinal anesthesia must be watched very closely and the pressure checked every few minutes. Mask oxygen proves to be one of the best drugs in controlling pressure. . . . If oxygen fails to stabilize the pressure, we next resort to one of the vasoconstrictor drugs. . . .The average dose of 'pontocaine' solution used intraspinally in our series of prostatic resections was 8.5 mg., with the addition of 1 c.c. of 10 per cent glucose to make a hypertonic solution. . . . Many of you are doing kidney surgery under sodium 'pentothal.' We cannot altogether agree with this choice, for we believe that spinal anesthesia supplemented with sodium 'pentothal' or cyclopropane, meets the physiological requirements more adequately, and most certainly affords a maximum relaxation."

J. C. M. C.

BREWER, LYMAN; BURBANK, BENJAMIN; SAMSON, PAUL C., AND SCHIFF, CHARLES A.: *The "Wet Lung" in War Casualties.* Ann. Surg. 123: 343 (Mar.) 1946.

No more serious problem was encountered by the surgeons in Forward Hospitals treating thoracic wounds than the therapeutic problem of the wet lung. By wet lung is meant the persistence of fluid in the pulmonary tree. There are two groups of factors which are important in the development of wet lung:

1. Forces leading to the production of secretions and other fluids in abnormal amounts in the respiratory tract.
2. Conditions preventing adequate removal of the fluids so produced.

Experimentally, it has been shown that any appreciable trauma to the chest wall was followed almost immediately by widespread bronchial spasm and increased bronchial secretion. Ab-