

operation including even upper abdominal and intrathoracic surgery. Others regard this as unwise because of the prolonged postoperative unconsciousness that follows the large doses required. . . .

"Ethyl chloride, ether and chloroform are frequently administered by the open drop method. . . . Most inhalation anaesthetics are given with a nitrous-oxide-oxygen-ether apparatus, some form of which is now available at hospitals throughout the country. . . . The carbon-dioxide-absorption technique is widely used, having been developed mainly since the introduction of cyclopropane, the high cost of which made some closed system essential to avoid waste. . . . There have been no important recent changes in the technique of tracheal intubation. . . . There has been a revival of interest in local and regional nerve block following its adoption by anaesthetists. . . . Spinal anaesthesia has its antagonists and protagonists, both groups holding extreme views, but, in general, it is less frequently employed than before. . . .

"Much has been learnt about the treatment of wound shock and the prevention of operative shock—work that is falling more and more within the province of the anaesthetist—as a result of experience with battle casualties and air-raid casualties. . . . It is difficult, in a short paper, to give more than a very superficial account of the practice of anaesthetics in Great Britain. It can be said that interest in this branch of medicine has never been more lively and that we hope, in the near future, to make great strides towards the perfection of our art. The extension of the duties of the anaesthetist to include all forms of resuscitation and many aspects of post-operative care will, it is hoped, attract a better class of recruit than has sometimes been forthcoming in the past." 21 references.

J. C. M. C.

GOETZL, F. R.: *The Experimental Evidence for Analgesic Properties of Antipyretic Drugs; a Critical Review of Literature with Report on Additional Experiments.* Permanente Foundation M. Bull. 4: 49-83 (July) 1946.

"Since antipyretic drugs, in therapeutic doses, have not been shown to influence mentation and mood, pain threshold-raising properties could explain their analgesic effectiveness. The measure of a drug effect, if the result of an individual drug action, may serve as a measure of the intensity of that action. Assuming that pain threshold elevation represents the result of analgesic action, a measure of that elevation has been interpreted as a measure of intensity of analgesic action. Such appears to be in brief the theoretical basis for experimental studies in which antipyretic substances were investigated and evaluated in regard to their analgesic effectiveness. . . . Contrary to common expectation, it has been shown that pain threshold elevation, as can be detected after administration of antipyretic drugs, probably cannot be interpreted as a measure of analgesic action." 41 references.

J. C. M. C.

JUDOVICH, BERNARD, AND NOBEL, GOLDA: *Relief of Pain in Osteoarthritis of the Hip Joint.* Am. J. Surg. 72: 72-73 (July) 1946.

"Osteoarthritis of the hip joint is a degenerative lesion. . . . The patient develops pain and stiffness of the hip joint and walks with a limp. . . . Observation to date, we believe, allows us to express the view that in many instances of severe pain arising from the lesion of an osteoarthritic hip joint, the pain does not come from the destroyed portions of the joint but from the periarticular structures which have had undue stress and strain and alteration of function placed upon them as a re-