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.


"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.


"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-
result of displacement of the bony supports. In addition a low grade inflammatory reaction may be superimposed. The structures which appear to be responsible for pain in most of these cases are the tendons of the gluteus minimus, gluteus medius, and perhaps, the pyriformis. . . . Only those patients exhibiting tenderness above and behind the trochanter should be infiltrated. . . . With the tender points marked, a 3 inch No. 22 gauge needle is inserted through a skin wheal, and 5 cc. of 1 or 2 per cent procaine hydrochloride is deposited at a depth which varies from 1 to 2 ½ inches. Pressure or needling at the time of infiltration may cause the typical reflex radiation of which the patient complains. If no tenderness is present as compared to the opposite of unaffected side, injection is usually of no benefit. The injection may be repeated every fifth day.”

J. C. M. C.


“The safety of continuous spinal analgesia lies mainly in the administration of smaller initial doses instead of the previous one-injection method. . . . The controllability of continuous spinal analgesia is of paramount importance in cesarean section. A very small dose of the drug is given to reach the desired level just above the operative field. Usually this will suffice for the operation. . . . In December, 1941, we gave our first continuous spinal analgesia for cesarean section at the Philadelphia Lying-In Hospital. Since that time we have used it in three hundred cases there and at the Philadelphia General Hospital and Delaware County Hospital. At first our cases were carefully selected. But as time passed and its safety was well demonstrated, its administration has become almost routine for cesarean section. . . . There were no maternal deaths. There were sixteen fetal deaths but none which could be attributed to the anesthesia. . . . There were nine failures in which the operation could not be performed under continuous spinal analgesia completely. Five of these were due to technical failure to introduce the needle into the subarachnoid space, and in four cases it was necessary to use a supplementary anesthetic as the level was not sufficiently high to proceed with the operation. . . . Postoperative complications were no greater than with the inhalation anesthetics. Headache occurred in 5 per cent of the cases, urinary retention in 8 per cent. There were no motor or sensory disturbances. One pulmonary complication occurred; this was an atelectasis which required intermittent inhalation of oxygen plus postural treatment. Nausea and vomiting were considerably reduced over the inhalation anesthetics, as was postoperative distention. . . . Postoperative morbidity occurred in fifty-five patients (18.3 per cent). The standard classification of morbidity being used, i.e., and elevation of 102.2 F. or over on two successive occasions excluding the day of operation. . . . All of the babies (excepting the stillborn) showed no asoxemia, cried at once, were a good color, and required no resuscitation. . . . The technique is easy and requires only the care and caution that should be given when administering any anesthetic.” 4 references.

J. C. M. C.


“This report covers the period from 1st January, 1945 to 31st December,