

of the abdomen may be found. During light general anesthesia there may be tenseness, movement of the limbs and increased or irregular respiratory activity. Sudden changes of the pulse rate and blood pressure may occur. When a large amount of fluid is extravasated symptoms of acute shock may be seen. Small amounts of escaped fluid may cause a rise in blood pressure. Although some of these signs may be caused by coronary occlusion, when they occur during transurethral prostatic resection, accidental perforation of the lower urinary tract must be strongly suspected.

F. A. M.

ALLEN, C. R., AND SLOCUM, H. C.: *Anesthesia for Cesarean Section*. Texas State J. Med. 17: 482-485 (Dec.) 1946.

To estimate the marked effects of pain relief in cesarean section, 120 consecutive cases were reviewed. All necessary preparation of the patient and operating personnel was done before the patients were anesthetized. Cyclopropane was used in 114 cases. When the body of the uterus is being opened the anesthetic gases are expelled from the breathing system to guard against tissue saturation. One hundred per cent oxygen is substituted and the mother's respiration is controlled by pressure on the breathing bag until delivery of the baby and the cord is clamped. The anesthetic is again administered and surgical anesthesia is maintained thereafter.

There was one postoperative maternal death. The patient had a cretin pelvis and extreme toxemia of pregnancy. She died four hours after delivery. The baby required resuscitation but survived. One instance of severe blood pressure fall and three instances of arrhythmia or tachycardia occurred. One patient developed broncho-pneumonia three days after operation.

Two infants of mothers having severe toxemia and one six weeks premature infant with syphilitic involvement died. Eleven infants required artificial respiration, oxygen and tracheobronchial toilet. Fourteen sleepy babies responded without artificial respiration. The anesthetic drug cannot be considered free from blame in some of these cases. 7 references.

F. A. M.

CHRISTIANSEN, G. W.: *General Anesthesia*. Oral Health 36: 26-28; 33-35 (Jan.) 1946.

When there are contraindications, general anesthesia should be provided for persons who wish it for oral surgery. Nitrous oxide anesthesia is widely used for oral surgery because it is safe, easy to administer, rapid in action and causes little postoperative distress. It is especially suitable for children, for multiple extractions and in the presence of edema and infection. The type of patient, the nature of the proposed operation and the experience of the anesthetist and of the operator should all be considered in the selection of nitrous oxide for anesthesia in dentistry. Premedication insures smoother anesthesia. Too light anesthesia causes complaints from the patient. Prolonged lack of oxygen may cause permanent damage. To use nitrous oxide anesthesia successfully requires understanding of the principles of inhalation anesthesia.

F. A. M.

VAN LIERE, E. J.; STICKNEY, J. C. AND NORTHRUP, D. W.: *Comparative Study of Anesthetic Agents on Propulsive Motility of the Small Intestine*. Gastroenterology 8: 82-89 (Jan.) 1947.

Few, if any, well controlled studies have been reported on the effect of anesthetic agents on the propulsive motility of the small intestine in the