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

F. A. M.


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 be-
fore the patients were anesthetized.
Cyclopropane was used in 114 cases.
When the body of the uterus is being
opened the anesthetic gases are ex-
pelled from the breathing system to
guard against tissue saturation. One
hundred per cent oxygen is substi-
tuted 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 anes-
thesia is maintained thereafter.

There was one postoperative ma-
ternal death. The patient had a cretin
pelvis and extreme toxemia of preg-
nancy. She died four hours after de-
ivery. 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-pneu-
monia three days after operation.

Two infants of mothers having se-
vere toxemia and one six weeks pre-
mature infant with syphilitic involve-
ment died. Eleven infants required
artificial respiration, oxygen and tra-
cheobronchial toilet. Fourteen sleepy
babies responded without artificial
respiration. The anesthetic drug can-
not be considered free from blame in
some of these cases. 7 references.

F. A. M.

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When there are contraindications,
general anesthesia should be provided
for persons who wish it for oral sur-
gery. Nitrous oxide anesthesia is
widely used for oral surgery because
it is safe, easy to administer, rapid
in action and causes little postopera-
tive distress. It is especially suitable
for children, for multiple extractions
and in the presence of edema and in-
fection. The type of patient, the na-
ture 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. Premedica-
tion insures smoother anesthesia. Too
light anesthesia causes complaints
from the patient. Prolonged lack of
oxygen may cause permanent damage.
To use nitrous oxide anesthesia suc-
cessfully requires understanding of the
principles of inhalation anesthesia.

F. A. M.

VAN LIERE, E. J.; STICKNEY, J. C.,
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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