the perineum, scrotum and penis in the male, and of the vulva in the female are present. Some areas on the back of the lower limbs remain sensitive. The method permits the micturition reflex to remain active.

F. A. M.

RINK, E. H.: *The Care of the Anesthetised Patient.* Guy's Hospital Gazette **61**: 182–186 (July 5) 1947.

When the patient is anesthetised, he is deprived not only of his consciousness, but also of his reflex defences against incidental trauma, heat and cold. In addition, there is a derangement of the temperature regulating mechanism. It is the responsibility of the anesthetist to protect the patient while he is in this defenseless condition. After premedication or a basal anesthetic has been given, the patient may lose some or all of his defenses. During the induction of anesthesia the patient should be protected against possible injury. The best way of restraining a patient during this stage is to hold both of his elbows firmly down on the table. The lower half of the body is best restrained by the full weight of a body across the patient's thighs. Some other person besides the anesthetist should always be present during any induction period.

During the time of operation the patient should be placed on the table in such a way that the arms will not fall over the edge of the table. All points of possible pressure should be protected. The operating theater should be kept warm and the patient protected from draughts. A light blanket should cover the body. After the operation the patient requires constant watching. An unconscious patient should never be left unattended. Care should be taken of the airway. Aspiration of vomitus into the air passages should be avoided. A good light is important in the care of a patient after anesthesia. Cyanosis may go undetected in a dimly lighted room.

F. A. M.

ROBERTSON, R. B.: *Pentothal Sodium and a Combination of Pentothal Sodium and Curare as an Anesthetic for Tonsillectomy.* Arch. Otolaryngology **45**: 392–397 (Apr.) 1947.

Two groups of patients who had tonsillectomies, were given pentothal sodium. In group I the patients received pentothal sodium and topical anesthesia, and the tracheas were intubated. In the second group the anesthesia consisted of essentially the same technic, but curare was given before intubation and when necessary during the operation. The patients in group 1 reacted, on the average, in seventy-five minutes; those in group 2, on the average, in twenty-five minutes. The first group required attention during the postoperative period because they were boisterous and somnolent; the second group, after the initial awakening, settled into a long peaceful sleep. 5 references.

F. A. M.

ROVENSTINE, E. A., AND PAPPER, E. M.: *Graduate Education in Anesthesiology.* J. A. M. A. **134**: 1279–1283 (Aug. 16) 1947.

"The serious study of teaching philosophies and technics in anesthesiology as well as in other intellectual disciplines necessitates an appraisal of past methods, a critical evaluation of present habits and an imagination which can anticipate the needs of the future. . . . In the earliest days of anesthesia the art of administering ether, chloroform and nitrous oxide was considered knowledge that was a mysterious property of the possessor and, of course, teaching was non-existent. Gradually the concept that the management of anesthetic drugs was