

HYATT, A. L.; GARDENER, T. H., AND ELAM, J.: *Safety Apparatus for Administering Trilene-and-Air Analgesia*. Brit. M.J. 2: 27 (July 5) 1947.

Trilene analgesia can be safely administered by midwives if a safe apparatus is used. Such an apparatus has been designed by Dr. Hyatt of Barnet. The new machine cannot be overfilled. Liquid trilene cannot reach the patient. The bottle cannot become unscrewed without the use of a special key. A locking device prevents the percentage of trilene from becoming too great. The air inlet device assures a constant proportion of air over trilene, unaffected by inspiration. Trilene has been administered to patients with the machine and adequate analgesia has been obtained.

F. A. M.

JAMES, N. R.: *Remote Control of Closed Circuits in Anaesthesia*. Brit. M.J. 2: 345 (Aug. 30) 1947.

To avoid the difficulty of having the gas supply interfere with the surgeon and his assistants by too close proximity to the field of operation, the author and two colleagues devised a system. The absorber from the gas machine has been attached to a jointed swivel arm clamped to the central column of the operating table. Holes have been punched into the table at suitable points and a tube is passed through a hole to be connected to the endotracheal tube at one end and the circuit tubes under the table at the other end after the induction of anaesthesia. This maneuver also prevents pressure on the tubes by the surgeon and his assistants. A twenty foot length of tubing connects the supply of gases to the operating table. The anaesthetic table with the supplies is then placed at the opposite side of the theatre, completely out of the way of the operating team.

F. A. M.

HOERR, S. O.: *Factors in the Reduction of Mortality in Acute Appendicitis*. Surgery 22: 402-407 (Aug.) 1947.

The mortality rate from acute appendicitis in the last few years has decreased according to the reports from many clinics. At the Peter Bent Brigham Hospital (Boston) there was only one death in 382 consecutive cases from 1941 through 1945. In order to determine the responsible factors in this low mortality rate a comparison was made between these 382 cases and 517 cases operated upon from 1936 through 1940.

In the group of patients with gross perforation or abscess, ether was used in a greater number of cases than in other categories. The increase in the use of ether was probably related to the increased duration of operation. During the war years the house staff was less experienced than formerly and the prolongation of operation probably resulted from this. Short-acting spinal anesthesia was likely to be insufficient. There was evident reluctance to use the longer-acting agents. Most surgeons agree that spinal anesthesia is preferable to ether for these patients. The use of ether and the prolonged operating time cannot be supposed to have reduced the mortality rate. The systemic use of sulfonamides appears to be the chief factor responsible for the great improvement in the mortality rate of the latter group of cases. 12 references.

F. A. M.

CRANKSHAW, T. P. AND KAYE, G.: *Spinal Analgesia in a Metropolitan Public Hospital*. Anaesthesia 2: 127-133 (Oct.) 1947.

During the ten year period beginning January 1, 1937 and ending December 31, 1946, 77 out of every 1,000 operations at the Alfred Hospital, Melbourne were performed under spinal