

was the only anesthetic complication encountered. One case of meningismus following laminectomy, one case of pneumothorax during nephrolithotomy following inadvertent injury of the diaphragm and one case of postoperative shock occurred.

D. K. K.

GILLESPIE, N. A.: *Anaesthesia and Music: A Different Analogy*. *Anesth. & Analg.* 29: 114-116 (March-April) 1950.

In this entertaining comparison of the arts of music and anaesthesia Dr. Gillespie has drawn in three "movements" and a coda a kind of contrapuntal analogy of the two arts. Those of us who have been indoctrinated in the impersonal, scientific approach of modern medicine are reminded that great music is not simply impeccable harmonies or the display of irreproachable technique. In the practice of anaesthesia today we have neglected the personal side of our work. The anaesthetist must be learned in theory and skilled in technique, but, like the musician, he should also have a profound knowledge and understanding of his fellow men. Without appreciation of these human values his relationship with his patients and colleagues cannot be truly harmonious.

J. H. M.

GORDON, D. A.: *Anesthetic Disasters*. *Mod. Med.* 18: 45-49 (March) 1950.

This excellent little article will probably be read by as many as read the J. A. M. A., which makes it especially valuable. Doctor Gordon writes in a simple, forthright style of the dangers that every anesthesiologist knows as well as his own name—but which all too few surgeons and other physicians recognize as important. The welter of complicated ideas about operating room disasters would be partly clarified if more articles of this type appeared in widely read non-specialty journals.

The article would serve equally well as the basis for a lecture to senior medical students.

W. A. C.

BROWN, I. D.: *Pediatric Anesthesia*. *M. Woman's J.* 56: 42-44 (July) 1949.

"Anesthesia in children presents many problems which differ from those of anesthesia in adults. . . . The normal basal metabolic rate is 20 per cent higher in the six year old than in a normal young adult. This is increased by fear, excitement, and each degree of fever raises it 7 per cent. The child thus presents a problem in preoperative medication which requires careful consideration, as the first purpose of the medication is to reduce this irritability. Opiates depress metabolism directly and also allay pain. However, they are respiratory depressants. . . . If closed technique is used, opiates are excellent, as rebreathing or bag pressure can be used to combat the depression. . . . The rapidly acting barbiturates are excellent for preoperative medication, and are the drug of choice in the infant as well as the older child who is to have open drop ether anesthesia. Often doses too small to produce obvious drowsiness give a complete amnesia which is very desirable.

"Avertin is a very satisfactory basal anesthetic agent, especially valuable for use before a prolonged operation. . . . Dosage of drugs cannot be standardized for any age group. . . . In general a child requires a larger dose in proportion to his size than does the adult. . . . In choosing between open and closed technique, one must remember that the small child may tire easily from exertion in breathing, and the resistance of long breathing tubes and a large soda lime cannister may be fatiguing. Slight pressure on the breathing bag during inspiration aids in preventing fatigue, and gives better lung ventilation. On the whole, however,