cleaning out the regurgitated material is necessary when these positions are employed. The patients of inexperienced anesthetists aspirate more commonly than do those of experienced anesthetists. . . . Gastric tubes exert a protective effect, presumably by keeping the stomach contents low in volume. An empty stomach is an absolute essential in the prevention of either frank vomiting or silent regurgitation and aspiration of gastric contents during anesthesia and surgery."

A. A.

KROHN, SIDNEY; SPRIGGS, J. B., AND DABBS, C. H.: *A New Method of Postoperative Anorectal Analgesia.* Am. J. Surg. 82: 275–277 (Aug.) 1951.

"Alleviation of discomfort experienced by individuals following anorectal surgery presents a problem which heretofore has not been satisfactorily answered. Previous methods of injection with local anesthetics have proved effective in relieving discomfort, but have not been widely employed because of the relatively high incidence of undesirable tissue reaction. . . . The thought occurred to us that the undesirable feature of pooling might be avoided by using hypospray rather than needle injection. . . . Because there were no available data describing the effect of oil anesthetics injected into humans by this method, preliminary study was done on animals. . . . Twenty-nine male patients undergoing anal surgery were given xylocaine in almond oil by hypospray injection and the degree of postoperative discomfort compared with a control group of the same number similar in age, sex and degree of severity of hemorrhoids. . . . The degree of sphincter spasm, pain on defecation and tenderness on digital examination was much less in the treated group than in the control group. These findings are in agreement with the results reported by others using needle injection technic of oil anesthetics. In contrast to previously reported technics, however, no tissue reactions were encountered in any of the twenty-nine patients whom we treated. Sites of injection were inspected daily throughout the hospital stay (eight to ten days) in all cases. No evidence of edema, erythema, induration, abscess or slough was encountered during hospitalization nor at the time of reexamination three weeks following discharge. Despite the relatively small number of patients treated, the complete absence of any detectable inflammatory reaction at the site of injection encourages us to report this technic. Additional clinical trial seems justified on the basis of these results."

A. A.

ELMAN, ROBERT; WEICHSELBAUM, T. E., AND GRAUL, MARJORIE A.: *Significance of Postoperative Glycosuria and Ketonuria in Nondiabetic Adults.* A. M. A. Arch. Surg. 62: 683–697 (May) 1951.

"Even though glycosuria and acetonuria are fairly common after operation their exact significance is not generally known. Do they mean a serious disturbance in carbohydrate metabolism? Is the excretion of ketone bodies evidence of a transient overproduction thereof by the liver or of diminished utilization by peripheral tissue? Is the glycosuria the result of a diminution of peripheral utilization of glucose or of increased glycogenolysis? A number of surgical patients were observed in whom quantitative determinations of the 24 hour output of glucose and of acetone were made in an attempt to answer these questions. . . . Observations were made on 394 twenty-four hour urine specimens obtained from 78 patients undergoing a