

were experts in the field, mainly from The Netherlands, Great Britain and Denmark. Anyone concerned with monitoring devices should read this up-to-date scientific presentation. The editor wisely emphasizes "Our best monitors are our eyes, ears and fingers which are always available. Lastly, do not lose direct contact with the patient under any condition."

**Applied Hypnosis and Positive Suggestion.** IN MEDICINE, DENTISTRY AND PATIENT CARE. BY GEORGE A. ULETT, B.A., M.S., M.D., Ph.D., Professor and Chairman of the Department of Psychiatry, Missouri Institute of Psychiatry (St. Louis); Director, Division of Mental Diseases for the State of Missouri, AND DONALD B. PETERSON, M.D., Superintendent, Fulton State Hospital, Fulton, Mo. Cloth. \$8.50. Pp. 134. C. V. Mosby Co., St. Louis, 1965.

**Sleep.** BY GAY CAER LUCE, science writer, AND Dr. JULIUS SEGAL, psychologist. Cloth. \$5.95. Pp. 335, with 7 illustrations. Coward-McCann, Inc., New York, 1966.

**Caring for the Aged.** BY BERTHAM B. MOSS, M.D. Cloth. \$4.95. Pp. 372. Doubleday and Company, Inc., Garden City, N. Y., 1966.

**Anesthesia for Open Heart Surgery.** BY LILLIAN E. FREDERICKS, M.D., Assistant Professor of Anesthesiology, AND DRYDEN P. MORSE, M.D., Assistant Professor of Thoracic Surgery, Albert Einstein Medical Center, Philadelphia. Cloth. \$5.50. Pp. 80, with 2 illustrations. Charles C Thomas, Springfield, Ill., 1966.

**Alcoholic Beverages in Clinical Medicine.** BY CHAUNCEY D. LEAKE, Ph.D., Senior Lecturer in Pharmacology and History of Medicine, University of California School of Medicine AND MILTON SILVERMAN, Ph.D., Director of Medical Research, Wine Advisory Board, California State Department of Agriculture. Cloth. \$4.95. Pp. 160, with 3 figures and 11 tables. Year Book Medical Publishers, Inc., Chicago, 1966.

## Surgery

**POSTOPERATIVE PNEUMONIA** After abdominal operations, diaphragmatic breathing is depressed, returning to normal on the fifth day. Pulmonary compliance decreases for three days, then gradually returns to normal. The records of surgical patients at a large university hospital were studied for a ten-year period (total not stated). Of this large group, 12 patients developed pneumonia after an elective abdominal operation, uncomplicated by any other factor. Three of the 12 had hernia operations under local anesthesia. (Okinaka, A. J.: *Postoperative Pattern of Breathing and Compliance*, *Arch. Surg.* 92: 887 (June) 1966.)

**LARYNGEAL NERVE** Damage to a laryngeal nerve may occur during operations, because identification of the nerve is difficult. To help prevent this accident, a structure suspected of being the recurrent laryngeal nerve is stimulated with an electrical current. If it is the nerve, pressure within the larynx rises. This is noted by attaching a recording device to the extra-large inflated cuff of the endotracheal tube. (Shedd, D. P., and Burget, G. C.: *Identification of the Recurrent Laryngeal Nerve*, *Arch. Surg.* 92: 861 (June) 1966.)