differences in the series, Stern having searched for all cases rather than studying only those who sought treatment.

There has been no report of such an illness in an individual administering anesthesia, though the lesion probably occurs occasionally. Anesthesiologists should consider the possibility of herpetic whitlow whenever a finger infection occurs. In suspected cases, surgical treatment should be limited to relieving tension in tense vesicles and bullae lest, as Stern and Hambrick caution, severe infection with further ulceration and a protracted course ensues. Often, the illness may be aborted early in its course by applying to a vesicle idoxuridine (Stoxil—Smith, Kline & French), a pyrimidine analog which irreversibly inhibits thymidine incorporation into viral DNA. Infections which appear pyogenic when first seen should be given a trial of soaks and an appropriate antibiotic,[7] with incision and drainage later, depending on the response to conservative therapy. Finally, anesthesiologists should take suitable precautions when treating patients who may expose them to infectious material. In addition to patients with herpetic lesions and recent convalescents from herpes, these include young children (oral viruses are found in as many as 26 per cent of asymptomatic children age 6 months to 2 years old[1]) and patients who have diverse disease states on which unrecognized herpes may supervene (burn patients treated with antibacterial agents,[8] measles,[9] kwashiorkor,[9] Hodgkin's disease, and Wiskott-Aldrich syndrome[10]).

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Surgery

HYPERCARBIA FOR CAROTID SURGERY Carotid endarterectomies were performed without shunts in 137 patients. General anesthesia with methoxyflurane and *d*-tubocurarine was used, with CO_2 added. In 15 to 20 minutes the venous CO_2 tension reached 70 to 100 mm Hg without cardiac irritability or arrhythmias. In a previous series with cyclopropane, arrhythmias were a problem at this CO_2 tension. Advantages of the technique include lowered cerebral metabolism and oxygen requirement under general anesthesia; increased cerebral blood flow from the hypercarbia and hypertension; and avoidance of the encumbrance of the shunt apparatus. Good results were obtained in 93 per cent of patients. (*Young, J. R., and others: Carotid Endarterectomy without a Shunt, Arch. Surg. 99: 293 (Sept.) 1969.*)