

conate after every 1500 cc. of rapidly transfused whole blood or plasma is generally sufficient. . . . Such conditions as existing or impending shock, disturbed cardiac function and loss of large quantities of blood without adequate and rapid replacement caused a large number of these patients to show evidence of anoxia of the stagnant type. The oxygen saturation of the circulating hemoglobin should approach normal levels at all times and the photoelectric oxyhemograph provides a rapid method for making such determinations. Spinal anesthesia has a definite advantage over other methods since a concentration of 100 per cent oxygen can be administered continuously by mask to these hypoxic individuals without danger of lightening the depth of anesthesia." A. A.

ARNER, O., AND DIAMANT, H.: *Respiratory Tract Lesions Following Intratracheal Anaesthesia*. Acta Chir. Scandinav. 101: 75-84, 1951.

"Intratracheal anesthesia has some drawbacks which are due to the insertion of instruments and tubes into the respiratory tract and the injury possibly resultant from this procedure. . . . Of recent years intratracheal anaesthesia has been employed in a large number of cases at the Karolinska Sjukhuset. The general impression was that this technique of anaesthesia did not to a larger extent entail complications involving the upper respiratory tract. Since it might seem valuable to collect evidence as to possible injury and discomfort after intratracheal anesthesia, the present writers have examined a series of patients who had undergone anaesthesia of this type. The series comprises 112 patients, who were carefully examined by inspection of the fauces and vocal cords both prior and subsequent to operation, the latter repeatedly. . . .

The authors were able to demonstrate that in a proportion of the instances, changes which can be safely attributed to merely the pressure of the inserted tube, develop in the fauces and laryngeal meatus. Major surgery in the neck will in many cases entail changes within the fauces and larynx, which are probably due principally to the operation performed. Traumatic lesions on the faucial pillars may be deleterious especially to the epiglottis. On the other hand, the vocal cords seem to be fairly resistant to injury. All these changes are quite transient and cause but mild discomfort to the patients. Vocal cord granulomas or other late changes were not observed."

A. A.

CULLEN, S. C.: *Recent Advances in Anesthesiology*. Wisconsin M. J. 50: 351-364 (April) 1951.

"In so many fields in medicine—and anesthesiology is no exception—the truly significant advances have been the result of the introduction into clinical practice of new and revised fundamental concepts in the basic sciences. The process of the production of complete insensibility to pain on a regional basis or the induction of complete unconsciousness by drugs is relatively recent and elemental. Constant search goes on for new mechanisms for the depression of the perceptive functions and for more complete understanding of the alterations in tissue activity associated with the depression of function. . . . The use of the many drugs available to the anesthetist on a sound physiologic and pharmacologic basis constitutes a significant advance in the field. The drugs and technic to be discussed are used with a deliberate and calculated effort to provide more safe and satisfactory anesthesia for the patient and surgeon, and in this respect there is