

to 25 per cent. mixture with oxygen for three minute periods at intervals of 15 to 30 minutes for four to six hours or longer if necessary.

"7. Drugs for prevention of embolism: Eupaverine and papaverine are frequently used in treatment of cases of embolism which do not have a sudden termination. . . .

"Treatment: Atelectasis. Adjustments of tight dressings, changes of posture, deep breathing, active efforts at coughing, and ten to twenty-five per cent. carbon dioxide inhalations are of inestimable value. Postural drainage performed by having the patient breathe deeply and cough while lying in the lateral position with the involved side uppermost will often expel much obstructive mucus. The patient should lie in bed on the non-involved side. If these procedures do not result in either preventing or relieving atelectasis, bronchoscopy should be done. . . . The routine administration of oxygen to a patient with a postoperative pulmonary complication, especially one with a plugged bronchus, cannot be too strongly condemned."

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ELAM, JOHN: *The Teaching of Anesthetic Methods for Use in General Practice*. Brit. J. Anesth. 17: 57-60 (July) 1940.

"Patients who go to a general practitioner for advice need the assistance of a man or woman of practical ability who can see them through their difficulties. They do not need, as a rule, the assistance of a professor of anatomy or physiology, and it is essential that before being sent out into the world general practitioners should have a good working knowledge of the subjects which they will be required to practice. There is nothing more important both to the general practitioners and to their patients than that they

should have a sound working knowledge of anesthesia, and I submit that there is very urgent need for improvement in the teaching of anesthesia. It is manifestly absurd that a practitioner having no knowledge of anesthesia can be 'licensed to kill.' Students should first of all be taught that there is such a thing as the science of anesthesia, and that they cannot easily become masters of this science. They must be made to understand that to become accomplished anesthetists a high degree of skill must be attained and that this degree of skill can only be acquired by long experience and practice. . . . The course of study of anesthesia in the medical curriculum should last at least three months, and special attention should be paid to dental work. The student should be required to produce evidence that he is a capable dental anesthetist. The importance of dental anesthesia is stressed because all general practitioners have to give anesthetics for dental extractions, and, too often finding a dental nasal gas beyond their capabilities, they turn readily to the use of intravenous anesthesia which requires much practice and experience for really safe administration. Anesthesia and analgesia in midwifery probably come next in importance in general practice, and special attention should be given to teaching students both the value and the dangers of relieving the pains of labor by the use of anesthetic agents. . . .

"Students should be taught the importance and value of premedication, and should learn in hospital methods of premedication which are appropriate to general practice. . . . If a three months' course of instruction in anesthetics is established, the student should have an opportunity of becoming competent to adopt endotracheal methods."

J. C. M. C.