

and neck operations and particularly those on the thyroid were followed by a high incidence of emetic symptoms. (5) The duration of anesthesia was not important in relation to postoperative nausea and vomiting, but there appeared to be an upward trend as duration increased. (6) A gastric tube provided a beneficial effect, while endotracheal intubation and the use of relaxants had no appreciable influence on postoperative vomiting. (*Smesaert, A., and others: Nausea and Vomiting in Immediate Postanesthetic Period, J. A. M. A. 170: 2072 (Aug. 22) 1959.*)

**REFLEX ACTIVITY** Three groups of reflexes were studied during general anesthesia with ether, nitrous oxide and barbiturates: skin reflexes, tendon reflexes and brain stem reflexes. The pupillary reflex was found to be the most dependable reflex: it could always be elicited in the same stage of anesthesia, both during induction and emergence. An important advantage in using the pupillary reflex is that it is not essentially interfered with by muscle relaxants. It is inconceivable that the patient is conscious while the conjunctival or eye lash reflex is absent. That means that the patient may be able to move and to groan but that he will have amnesia as long as conjunctival or eyelash reflex are absent. The only exception is a patient who is so completely curarized that the seventh cranial nerve which carries the efferent neuron can not function. (*Kulcsar, A.: Reflex Investigations in Anesthetized Patients, Der Anaesthetist 8: 240 (Aug.) 1959.*)

**IGNITION OF LIPSTICK** Certain hydrocarbons can be ignited spontaneously when exposed to a flow of 100 per cent oxygen. The question arose as to whether spontaneous combustion would occur when lipstick and

chapstick were so exposed to oxygen, as under an oxygen mask. Fourteen samples of lipstick and chapstick were tested, exposing them for ten minutes to atmospheres of 100 per cent oxygen at normal and lowered barometric pressures. Spontaneous combustion did not occur in any test, nor were any other notable changes in these substances observed. (*Kidera, G. J., and Marbarger, J. P.: Effect of Oxygen on Freshly Applied Lipstick and Chapstick, Aerospace Med. 30: 431 (June) 1959.*)

**MECHANICAL FAILURE** Due to faulty setting of valves, or to accidental dislodging of valves on a modern anesthesia machine, a patient was nearly killed when exposed to high pressure which led to rupture of lung tissue, trachea, or a bronchus with consequent pneumothorax and extensive subcutaneous, mediastinal, muscular, and retroperitoneal emphysema. Such an incident, fortunately, is a rare complication but must emphasize the fact that such accidents can occur, even with a new machine from a reputable manufacturer. Whenever, in emergencies, the performance of a machine or the composition of gases or anesthetic agents delivered by mechanical devices is in question, it is good practice to disconnect the anesthesia machine and to rely on simple methods of resuscitation such as mouth-to-endotracheal tube or mouth-to-mouth ventilation. Moreover, it is prudent not to inflate cuffs on endotracheal tubes unless dictated by necessity. The deflated cuff is not only kinder to the tracheal mucosa, but also, it allows gas to escape around the tube. The fact that the cuff on the endotracheal tube in the case reported was not inflated may have been lifesaving to this patient. (*Gravenstein, J. S.: Pneumothorax and Extensive Emphysema After High Intratracheal Pressure in Anesthetization, J. A. M. A. 171: 158 (Sept. 12) 1959.*)