of albuminuria or other constitutional condition in which a general anaesthetic, especially chloroform, would be contra-indicated. The cases in which it would not be suitable are: 1. The application of the forceps when the head of the child is high up and the uterus is contracted on the occipito-posterior position of the child. . . . 2. Any abnormal presentation requiring intrauterine manipulation. . . . 3. Any disease of the central nervous system or of the vertebrae or any septic condition at the site of the lumbar puncture. In administering the anaesthetic the aim is to confine the anaesthesia so far as possible to the level which would affect the perineum and pelvic floor, i.e., a low spinal anaesthesia. . . . In the series of cases reported the earlier ones had planocaine 10 per cent, the specific gravity being 1032 and the later ones had the same preparation in 20 per cent strength with a specific gravity of 1040. The latter solution was found to produce the better result and a dose of 0.5 cc. to 0.75 cc. was found to be sufficient. . . . Among the 60 patients there was only one maternal death, the case being of severe bronchitis with dyspnoea, in which a general anaesthetic was contra-indicated." 4 references.

J. C. M. C.

JOSEPH, MORRIS: *Twenty-five Years of Spinal Anesthesia (with a Report of 1020 Consecutive Cases).* J. M. Soc. New Jersey **41**: 6–10 (Jan.) 1944.

"Preliminary sedation is vital to satisfactory spinal anesthesia as it is for any surgical case, regardless of the type of anesthesia used. . . . The site for the spinal puncture and injection is selected, depending on the type of operation contemplated. . . . For many years novocaine was used for shorter cases, usually estimated beforehand not to exceed one hour. For longer cases pontocaine has been found very satisfactory. . . . Spinal anesthesia can be administered much more easily and safely than general anesthesia. . . . It is far more economical and less complicated in its application. The morbidity and mortality are far lower than in general anesthesia. The perfect relaxation of abdominal muscles and contents makes for better surgery." 9 references.

J. C. M. C.

RUDDER, F. F.: *A Mechanical Aid for the Administration of Pentothal Sodium Intravenous Anesthesia.* Mil. Surgeon **93**: 426–427 (Nov.) 1943.

"In order that one anesthetist might successfully administer . . . [pentothal sodium] with minimal effort, I . . . [have devised] a syringe holder which has simplified the technique. . . . The anesthetist [injects] a 2½ per cent solution by simply turning the gear wheel of a rack and pinion gear attachment. The movable arm of this attachment contacts the plunger of the syringe and the drug can be given drop by drop when needed. No clotting can occur in the needle, because the movable arm against the plunger allows no back flow."

J. C. M. C.

ROBERTS, F. W., AND SELLICK, B. A.: *Continuous Administration of Intravenous Anaesthesia.* Brit. M. J. **2**: 813–814 (Dec. 25) 1943.

"The apparatus [used by the authors] is a positive-pressure drip saline infusion apparatus, consisting of a saline reservoir, drip-bulb and tubing, glass aspiration indicator, needle, and a means of providing positive pressure. . . . Pressure is raised in the saline reservoir and the regulating clip opened, allowing saline to flow until all air bubbles are removed. The clip is closed, and the level in the drip-bulb is adjusted by the clip on the side tube. The patient is then in-