

GILLESPIE, N. A.: *Factors which Influence Success in the Administration of an Anesthetic*. Ohio State M. J. 45: 25-33 (Jan.) 1945.

The author begins by defining a successful anesthetic administration and points out that patients and surgeon may have different criteria of success. The good anesthetist attempts to satisfy both without compromising his own criteria of success.

The factors which influence success are divided into personal and technical. Under the first heading is discussed the importance of personal contact with the patient, and of humanity in dealing with him. The relation of anesthetist to surgeon is discussed with particular emphasis on the ethics of consultation and the need for professional courtesy. The author believes in meticulous punctuality and in minute attention to detail in the care of his apparatus and equipment—he advocates that these "minor chores" should be performed by the anesthetist himself. The ability to reach decisions is stressed.

Preliminary medication is discussed as the first of the technical factors; and the author points out the importance of allowing the anesthetist to determine the drug to be used, its quantity, and its timing. He declines to discuss the anesthetic agents because he feels that their properties are less important than the skill and judgment with which they are used. Instead he points out that the chief dangers of anesthesia—hypoxia and hypercarbia—can easily occur regardless of agent or technic used. He describes the signs of these conditions and discusses their prevention and treatment. A plea is made for more accurate records of the patient's condition; before, during and after anesthesia. Stress is laid on the methods of statistical analysis recommended by the Committee on Records and Statistics

of the American Society of Anesthetists. The paper ends with a plea that as anesthetists we strive for nothing less than perfection.

A. L.

STODDARD, C. C.: *Anaesthesia as Practised on Active Service in the Navy*. Canad. M. A. J. 51: 409-412 (Nov.) 1944.

"The practice of anaesthesia in our naval base hospitals does not differ markedly from that in civilian institutions so far as agents and techniques used are concerned. . . . Survivors were brought into our hospitals suffering from burns, exposure, dehydration and injuries from torpedo and depth charge blasts. Many were in critical condition and needed the utmost in medical, surgical and anaesthetic management. After being in hospital a few days many lost their nerve, would not sleep and dreaded any proposed operative procedure. Large doses of sedatives had very little effect except to depress or excite them. Cyclopropane and intravenous pentothal sodium were anaesthetic agents used with gratifying results to all concerned. Due to the nervous state of these patients local and spinal anaesthesia were contraindicated. Generally speaking, heavier premedication is required than for people in civilian life. . . . During the past year and a half 2,117 anaesthetics have been administered by the Department of Anaesthesia at the Royal Canadian Naval Hospital at Halifax. . . . There were also 938 local anaesthetics administered by the surgeons. Spinal anaesthesia was used in all intra-abdominal surgery unless contraindicated. . . . Pentothal sodium intravenously has become one of our most useful and safe anaesthetic agents. . . . In our series of 700 administrations there was one case of severe laryngospasm in a thick-necked individual who did not have