LUNDY, J. S.: *Editorial: Anesthetics Used in Connection with Roentgenology.* Radiology **43**: 391–392 (Oct.) 1944.

"Only occasionally is the anesthetist faced with the necessity of administering an anesthetic agent while roentgenologic equipment is in use and sparks are therefore being generated. When such a necessity arises in the hospital, it is usually either in the operating room or the roentgenologic laboratory. Whatever the situation in the hospital, the anesthetist is always aware that where there is a spark there is danger of explosion. . . . The precautions are both positive and negative. Among the negative measures, the first can be stated in the form of a rule: No inflammable anesthetic agent should be administered in a room where roentgenologic equipment is being used. Accordingly, some of the commonly employed agents that should not be used near 'live' roentgenologic equipment include ether, alone or in combination with any other gas, ethyl chloride, and cyclopropane. Moreover, use of chloroform in these circumstances is not advised, although that agent is not inflammable. The darkened condition of the room makes it impossible to observe the patient well. Of the positive safety measures, perhaps the first is the following: When roentgenologic equipment is brought into the operating room, the regular machine for administering nitrous oxide, which is equipped with an ether bottle, should be removed from the room and a special nitrous oxide-oxygen machine, not equipped with an ether bottle, should be substituted. This same special machine is the one to be used in the roentgenologic laboratory if nitrous oxide is to be administered. Further positive measures have to do with the choice of agent or method and, in some cases, with dose and technic. . . . Where roentgenologic equipment is in use, therefore, local, regional, spinal, or intravenous methods of anesthesia may be employed with agents appropriate to these methods; if it is desirable to employ the inhalation method, the agent should be nitrous oxide, combined with oxygen but without ether. Preliminary medication also is desirable. . . . An additional agent and method come up for consideration when a child who has aspirated a foreign body into the trachea is to be subjected to bronchoscopy. Under these circumstances solution of tribromoethanol (avertin with amylene hydrate) is administered by rectum, the usual dose being 100 mg. per kilogram of body weight. Preliminary medication is not used in such cases. . . .

"Intravenous anesthesia may be used where roentgenologic equipment is employed, but the agent must be given in small doses so that the patient's invisible breathing can be heard and anoxemia eliminated in so far as possible. Intravenous anesthesia, nitrous oxide 50 per cent and oxygen 50 per cent, and preliminary medication, make a safe combination that may be used under practically all circumstances. Probably this is the method of choice for use under the circumstances here discussed." references.

J. C. M. C.

SHANK, P. J.: *Empyema of the Lung: A Review of the Literature and an Analysis of One Hundred Sixty-nine Cases.* Am. J. Surg. n.s. **66**: 224–244 (Nov.) 1944.

"Thoracic empyema patients, having a reduced vital capacity, are in a state of air hunger a greater part of the time, hence the anesthetic that gives the least pulmonary embarrassment should be selected. It must (1) avoid reducing vital capacity below the level to which the patient has be-