ner. Morphine sulfate, 1/8 gr., is given intravenously about fifteen minutes before operation if the operation is to be prolonged. A DePass mouth prop is adjusted and the face piece is removed and the tongue is pulled forward. The bulb of the pharyngeal gasway is passed into the pharynx and the tongue released. Packing is placed around the bulb and the necessary adjustments made in the gas and oxygen valves to maintain good color and regular breathing. The adjustable elbow on the stem of the gasway permits turning to either side to avoid interference with the operator.

F. A. M.

SONE, W. J.: *An Immediate Denture Service for Malformed Dental Arches Under General Anesthesia.* Dental Digest. **53**: 224–227 (May) 1947.

Alveolectomy under pentothal anesthesia was performed. The pentothal was given by the intravenous drop method. An ointment containing an antiseptic and butyn was applied to the surface of the denture. When the patient regained consciousness after the pentothal the denture was applied and removed only for cleansing purposes.

F. A. M.

WAGNER, F. W. E.: *Trichlorethylene Anaesthesia.* Irish J. M. Sc. 6 ser. 717–723 (Oct.) 1946.

Trichlorethylene is normally a colorless liquid, but trilene (the purified form in which it is supplied for anesthetic use) is colored with a trace of waxolin blue so that it can be readily distinguished from other anesthetics. Of many thousands of administrations of trilene by the author there have been no deaths which could be attributed to the anesthetic. The toxicity is extremely low. Certain precautions must be observed. Trilene is liable to decompose in the presence of light; hence it should be kept in amber bottles and stored in a dark place. In the presence of tobacco smoke the vapor decomposes and gives rise to hydrochloric acid and traces of phosgene. Trilene must never be used in closed circuit with carbon dioxide absorption. It has been shown that warm soda lime may decompose trilene into dichloracetylene, which may cause cranial nerve paralysis.

Trilene has a remarkable and powerful analgesic range. It is an excellent anesthetic for children having dental surgery. It possesses the ideal qualities for obstetrics.

Trilene has practically no effect on blood pressure. A transient irregularity and unevenness of the pulse may occur in early stages. In general the tendency is to slow the pulse. As with other anesthetics, electro-cardiographic studies show a great variety of changes during trilene anesthesia. Trilene does not act as an irritant on the respiratory tract. During short administrations, there is no undue secretion of mucus or saliva. An over-dose of trilene will cause an increase in the rate of respiration. With under-dosage the breathing becomes slow and quiet, with possible stridor later.

Work of several investigators seems to show that there is little ground for apprehension as to the possibility of liver or kidney damage from trilene. Among the disadvantages of trilene are: (1) difficulty in obtaining full surgical anesthesia, (2) its action on cardiac rhythm is not yet fully explored, (3) the occasional incidence of shallow, rapid breathing awaits further study and, (4) mild convulsions have been reported but the patients recovered spontaneously. 32 references.

F. A. M.