

taken were not taken, the defense will be held insufficient as a matter of law. All that he need do in any case is to produce evidence which equals in evidentiary weight the inference which the doctrine creates in favor of plaintiff.

'Since the question of negligence is one of fact, the conclusion of the jury that a given act or omission did or did not constitute negligence may not be disturbed on appeal, if the evidence upon issue is such as to allow a difference of opinion among reasonable minds. The *res ipsa loquitur* doctrine does not abrogate this familiar rule. It does not relieve plaintiff who charges negligence from the duty of proving it by a preponderance of the evidence.

'In California the doctrine of *res ipsa loquitur* merely establishes a *prima facie* case, and it would seem to follow inevitably that when evidence of due care has been offered by defendants it becomes a jury question as to whether the inference of negligence created by the doctrine has been dispelled.'

'The judgment in favor of defendants was affirmed.

'It will be noted from this case that the doctor must prove by satisfactory evidence that he used due care and was free from negligence in the exercise of his practice.

'It is important that records be kept which are accurate and complete; every accident or incident involving an injury or alleged injury should be investigated promptly; depositions of important witnesses should be taken promptly in case of death or unavailability at time of trial; all instruments, equipment, apparatus or mechanical devices used by the physician should be in good working order and free from defects.

'Reporting immediately to the ACMA or to the attorney every incident involving the physician in a con-

troversy with the patient will be of immeasurable benefit to the physician in saving him time, money, probable loss of practice and possible lawsuits. No incident, however slight, should be overlooked.'

D. D. G.

BARKER, LEN: *Museum of Anesthesia Established in Australia*. Brit. J. Anaesth. 20: 132-136 (July) 1947.

The third museum of anesthesia in the world has been established at the University of Melbourne. The Australian Society of Anesthetists hopes that the museum will provide scientific headquarters and a meeting place for the Society; will foster post-graduate education in anesthesia; give basic training in anesthesia to medical and dental students attending the University; and provide a liaison body between anesthetists and manufacturers of drugs and appliances. The museum is a modern school of instruction, not merely a collection of relics.

F. A. M.

BAKER, E. H.: *Intravenous Anesthesia with Pentothal Sodium*. Kentucky M. J. 45: 227-231 (July) 1947.

Since the introduction of pentothal sodium twelve years ago, intravenous anesthesia has been used extensively. With increased use of pentothal sodium it was found that a 2 or 2.5 per cent solution caused less irritation than stronger solutions and the weaker solution increased the margin of safety. When first introduced, pentothal was limited to minor operations of short duration but it has been found that it could be used safely for longer operations if muscular relaxation was not needed. The administration of oxygen or of oxygen, 50 per cent with nitrous oxide, has increased the relaxation and reduced the amount of pentothal required.

Certain contraindications are recognized. Young children are not considered suitable subjects for pentothal. Respiratory obstruction, dyspnea, myocarditis, toxemia, acidosis, liver disease or kidney disease are considered to be contraindications to the use of pentothal.

During World War II reports show that in approximately 35 per cent of operations performed, pentothal sodium was the sole anesthetic. Complications occur during and after pentothal sodium. The ease with which it is given and the desirable effects produced may cause the anesthetist to overlook the potential dangers. Combinations of pentothal with other methods of anesthesia have expanded its usefulness. New intravenous anesthetic agents may be discovered that will be superior to pentothal. Until these do appear pentothal will continue to be a useful agent and one which has done much to advance anesthesia. 9 references.

F. A. M.

BARTON, L. W.: *Granuloma of the Larynx; A Late Complication of Endotracheal Anesthesia*. Ann. Otol., Rhin. & Laryng. 56: 191-193 (Mar.) 1947.

Two cases of granuloma of the larynx followed the passage of endotracheal tubes. The first patient was a 40-year-old housewife whose chief complaint was hoarseness of six weeks' duration.

Four months previously she had a subtotal hemithyroidectomy. No abnormalities of the larynx were noted at the time of intubation for that operation. A smooth, rounded, dark red mass, occupying about one-half of the trachea was found arising below the right vocal cord, anterior to the vocal process of the arytenoid cartilage. After removal the diagnosis of granuloma pyogenium was made. The patient regained her voice and no recurrence had been seen on subsequent visits over a three months' period.

The second patient was a 54-year-old man. He complained of coughing, occasional hemoptysis and increasing hoarseness. Three months previously he had a craniopharyngioma removed under endotracheal anesthesia. No abnormalities of the larynx were noted at the time of intubation. A smooth, grayish, polypoid mass, attached to the upper surface of the posterior third of the right vocal cord and to the vocal process of the arytenoid cartilage, was partially removed. Bleeding obscured the field. The remaining was left for removal at a later date. The diagnosis of the tissue was: acutely inflamed granulation tissue.

The larynx should be examined following endotracheal anesthesia. If any abrasions are seen the patient should be placed on voice rest and receive appropriate treatment and periodic examinations until the lesions are healed. 5 references.

F. A. M.