

one form of anaesthesia is applicable in all cases. . . .

"From this brief outline it must appear that no perfect form of obstetric anaesthesia has yet been devised, so many and varying are the requirements of the mother, child and obstetrician; but it may be fairly claimed that modern anaesthesia has, during the last two decades, done much to fulfill many of those requirements. Quite recently emphasis has been placed on the importance of the psychological preparation of the pregnant woman for the ordeal of labour—an ordeal which is rightly held to be as much mental as physical. The object of this psychological preparation is the elimination of fear and tension from the patient's mind, so that the element of pain is reduced to a minimum. There can be no doubt that its achievement must go far towards ensuring the success of whatever form of analgesia or anaesthesia is employed during labour." 15 references.

J. C. M. C.

PECZENIK, O.: *Influence of Steroid Hormones on the Sensitivity of Adrenalectomized Mice to Procaine*. Proc. Roy. Soc. 134: 218-226 (Mar. 25) 1947.

"Certain doses of procaine produce a fall of body temperature, the extent of which is independent of the other symptoms. . . . The experiments described below were concerned with the question whether the adrenal cortex protects against the alkaloid. . . . The experimental animals were castrated male or spayed female mice. . . . In male castrates the selected dose of procaine produced only an insignificant fall in body temperature before adrenalectomy. . . . After adrenalectomy the same dose of procaine, in untreated males, produced an irreversible collapse in body temperature. . . . Non-castrated males did not behave uni-

formly. Some reacted like castrates; in others the alkaloid was no more effective after adrenalectomy than before. Female castrates showed considerable variations before adrenalectomy in their response to procaine. After adrenalectomy, the body temperature fell steeply, on the average, regardless of whether the mice were anoestrous, or in artificial oestrus, or whether oestrogen together with physiological quantities of progesterone had been administered. Of the latter, none of 5 mice treated with 1 mg. and only 4 out of nine receiving 2 mg. of progesterone were protected. . . . This action of procaine, significantly intensified in adrenalectomized animals, is not the expression of a general hypersensitivity to the alkaloid. The collapse of body temperature was not, except in isolated cases, associated with clonus and paralysis, such as were produced by larger doses (from 20 mg./100 g.) in nonadrenalectomized mice. . . . The effect of procaine on the adrenalectomized animals was inhibited by desoxy-corticosterone acetate and by the sex steroids. . . . The mice treated with desoxy-corticosterone acetate were protected against consequences of adrenalectomy as long as the injected ester persisted in the body. . . . Adrenalectomized mice were not protected against procaine by thyroxin." 17 references.

J. C. M. C.

PLZAK, L. F.: *Modern Anesthesia*. Internat. Coll. Surgeons J. 10: 611-626 (Sept.-Oct.) 1947.

"The rapid advances made in anesthesia have paralleled those made in surgery. Numerous new agents and technics have been introduced, so that a re-evaluation of the older agents and technics is constantly necessary. Single agents are no longer used, but rather combinations of two or more agents that act upon different levels of the

sensorium, producing safer, better and quicker anesthesia, with a saving in total amount of agents required. By this is meant 'balanced anesthesia.' . . .

"Modern anesthesia demands specially trained personnel. It has come of age as a new specialty—anesthesiology, and it permits the performance of many new and difficult procedures heretofore impossible because of high mortality." 42 references.

J. C. M. C.

SADOVE, M. S., AND CASSELS, W. H.: *Endotracheal Anesthesia*. Arch. Surg. 55: 493-497 (Oct.) 1947.

"Basically, an endotracheal technic is one in which a tube is passed through the mouth (constituting an orotracheal intubation), through the nose (constituting a nasotracheal intubation) or through a tracheostomy opening (constituting a tracheostomal intubation). Intubation may be performed under direct vision by the use of a laryngoscope or by the so-called 'blind' technic, the tube being maneuvered through the glottis by skillful manipulations. . . . Endotracheal anesthesia has much to offer the patient, the surgeon and the anesthesiologist. This technic diminishes many of the dangers of surgical procedures, facilitates the ease with which the surgeon may operate and renders more easily accomplishable the mission of the anesthesiologist, which is the guarding of the safety of the patient while at the same time aiding and facilitating the surgeon's activity. This technic, good in the hands of the competent anesthesiologist, has hazards which increase tremendously in the hands of the incompetent."

J. C. M. C.

SAMSON, H. H.: *Laryngeal Spasm during Anaesthesia*. South African M. J. 21: 447-448 (June 28) 1947.

"Laryngeal spasm does not usually occur during the plane of correct surgi-

cal anaesthesia, since it is during this stage that the cough reflex is abolished. On the other hand, there is no doubt that spasm may frequently be produced during the lighter plane of anaesthesia, especially during the stage of induction, when the reflex is always present. Spasm occurring during intravenous barbiturate anaesthesia is usually more severe, as a result of the respiratory centre, depressed by the barbiturate, unable to produce the necessary deep enough inspirations to counteract the oxygen loss caused by the expiratory coughings, and anoxaemia rapidly develops. . . . If severe laryngeal spasm is left untreated, anoxaemia may eventually cause acute myocardial failure, and it is the immediate duty of the anaesthetist to prevent this calamity. . . . The treatment of spasm is first and foremost: prevention. . . .

"There are two cardinal rules to be diligently applied: 1. Remove the irritant immediately. 2. Prevent anoxaemia by administering oxygen."

J. C. M. C.

SCHMAHMANN, O.: *Painless Childbirth*. South African M. J. 21: 597-600 (Aug. 23) 1947.

"The use of procaine intravenously for the relief of pain and for surgical procedures as well as for childbirth has recently been reported. . . . It is essential that a sensitivity test be performed in all cases to exclude untoward reactions from extreme sensitivity to the drugs used. . . . Lundy claims that the systemic reaction is the only real contraindication. This occurs within ten minutes. Reactions to procaine, however, are rare. If the patient gives a history of previous procaine without ill-effects the skin test is unnecessary. . . . In obstetrical practice it is seldom necessary to proceed beyond the tranquil dream state which is reached, and often not even as far