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 tracheostial 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 surgical 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