

toxic patients where ether or chloroform would have a deleterious effect upon the parenchymatous organs, nitrous oxide-oxygen anesthesia, aided by a little ether if necessary, proves very satisfactory.

In version cases ether anesthesia is advised.

With an experience extending over a period of five years, the author concludes that a certain technic is essential in administering the gas to obtain the most successful results. Further he believes the value of nitrous oxide-oxygen in relieving pain in normal labor, may be extended to many obstetrical operative procedures, provided the anesthesia be given with a reasonable degree of skill.

NORMAN F. MILLER.

**Sellers: The Use of Nitrous Oxide—Oxygen Analgesia and Anesthesia in Obstetrics.** New Orleans Medical and Surgical Journal, 1921, lxxiv, 109.

Nitrous oxide is advocated as being the nearest to an ideal anesthetic that we have at present because "it is inhaled like air; is practically odorless; is almost instantaneous in its action on the patient; is eliminated so quickly that the gas has left the body by the time the next pain is due; can be used for every pain." Chloroform and ether nearest approach nitrous oxide as analgesics but they are not quickly eliminated and have many other disagreeable features. Nitrous oxide-oxygen shortens the second stage, gives relaxation, does away with restlessness and rigidity in most cases, decreases exhaustion, allows a rapid return to normal for the mother and does not affect the baby.

The patient should be assured that the pain can be relieved. When the pain comes, give enough to relieve it so that the patient will have confidence in the procedure. Determine just the amount necessary for each individual patient, usually two to four breaths and hold the last one. Start the inhalations at the first signs of the approaching pain. It is concluded that nitrous oxide analgesia is an almost ideal anesthetic agent in obstetrics and makes the best anesthetic for operative obstetrics. Ether is the next best agent and chloroform and twilight sleep should not be used.

W. K. FOSTER.

**Vignes and Moreau: The Analgesic Action of Nitrous Oxide on Uterine Pains.** Presse Médicale, 1921, No. 24, p. 234.

Following the work of Lynch and Heaney, the authors have investigated the use of gas in eight primiparae and one multipara during labor. They concluded that there was no toxic effect during administration either for mother or infant. The deliveries proceeded in normal time and manner. The gas seemed to have little effect on uterine contractions.

F. L. ADAIR.

**Oettingen: Childbirth in Hypnotic Twilight Sleep.** Muenchener Medizinische Wochenschrift, 1921, lxxviii, 265.

This is a report of a series of 16 women delivered at term under the influence of hypnotic suggestion, 14 of which were successful. The writer discusses the physiology of hypnosis and treats the subject historically. His treatment is begun three weeks before term; three or four women are hypnotized together, the power of suggestion being thereby strengthened. The suggestion is made that sleep can be regulated at desire, and that during sleep all pain ceases. Women coming in for delivery, actually in labor (pain), go to sleep very easily. A slight moaning or body movement during the pains reveals that labor is in progress. In the second stage, while patients do not reach the degree of excite-

ment experienced in scopolamine-morphine twilight sleep, they become restless and sometimes require three or four grams of paraldehyde rectally to deepen the sleep. Complete loss of memory or amnesia was achieved in six cases, partial amnesia in eight, with the stress of memory laid on inconsequential detail rather than on any pain experienced. The writer considers this an ideal adjunct to the conduct of labor and one that can be employed by any one giving it sufficient thought and attention.

S. B. SOLHAUG,

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## Book Review

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**Gynecological and Obstetrical Pathology.**—ROBERT TILDEN FRANK.  
D. Appleton & Co., New York, 1922.

In the preface, the author states that he has attempted "to co-relate information of interest to the clinician and pathologist in such a fashion that both will derive full benefit from this conjunction, and in the first paragraph of the introductory chapter he lays down the following important rule: "Cooperation between the clinician and pathologist is necessary to obtain the most useful results. The pathologist ought not to be a stranger at the bedside or in the operating room. The clinician should prove a welcome guest in the laboratory and at the autopsy table."

With these aims in mind of the author, and with his personal knowledge of his ability, the reviewer began his task with the most pleasant anticipations, but regrets to state that after a careful perusal of the book they were not entirely fulfilled. This is due in part to three main factors: First, that in attempting to make the work attractive to the clinician, a considerable amount of information irrelevant to the pathologist has been introduced, which impairs its scientific value. Secondly, the style is defective, in that it often lacks in clearness, and thus makes it difficult to distinguish between what is important and what is not. Moreover, the work suffers from a too casual or jocular tone, as, for example when the author speaks of the "occasional gynec operator" or states that "derivatives of the three layers of the embryo are arranged in a more or less orderly fashion in dermoid cysts, and scrambled together in a 'potpourri' in the solid teratomas." While it must be conceded that literary style is in great part a matter of personal taste, it is to be regretted that a work which will come into the hands of our better educated British confrères should be thus open to criticism.

In the third place many of the 338 illustrations leave a good deal to be desired. While many of the original drawings show clearly what is intended, they are so schematic as to bear little resemblance to what is actually seen under the microscope. Moreover, many of the microphotographs are so poor that they convey but little information to the trained histologist, and consequently must be almost valueless to the average clinician. Whether this is due to the use of too thick sections, or to imperfect reproduction on the part of the publishers, it is impossible to state, although I rather incline to the latter view.

Notwithstanding these somewhat general criticisms, the work gives evidence of wide experience and great industry on the part of the author, and must inevitably serve a useful purpose in bringing before the medical public some of the problems in which all gynecologists and obstetricians should be interested.

It would lead too far to attempt to discuss in detail the scope of the work, but in general it may be said that it begins with a description of the anatomy and