
“Spinal anesthesia was induced in patients requiring several anesthetics. Procaine alone was used as the anesthetic agent the first time. In subsequent procedures on the same patient either epinephrine, ephedrine, pitressin, or levo arterenol (nor-epinephrine) was added to the anesthetic drug and the effect on the duration of anesthesia was compared to the control. Anesthesia was prolonged significantly when epinephrine, pituitary extract and levo arterenol were combined with the procaine but not when ephedrine was used. No neurologic postoperative sequelae were noted which could be attributed to any of the anesthetics given. No significant systemic or pressor effect appeared to be exerted by any of the vasoconstrictor drugs used.”

A. A.


“As early as the Cocoanut Grove disaster, Beecher (1943) observed that hypnotic doses of barbiturates appeared to be useful in relieving the pain of badly injured patients. These random observations in wounded men were confirmed during the recent war (Beecher, 1946) and these necessarily uncontrolled findings led to the present controlled study. The data obtained demonstrate the analgesic power of a small (hypnotic) dose of pentobarbital sodium when used in treating pain from natural causes. Early in these observations it appeared probable that there is an effect of barbiturates on ‘pathological’ pain which does not become apparent in studies of experimentally produced pain. This concept suggested interesting implications as to the factors involved in human pain as well as to the mode of action of barbiturates. . . . The pain of postoperative patients provided material for this study. . . . Hypnotic doses of pentobarbital sodium intravenously relieved what has been called postoperative pain in 50 per cent of patients, in contrast to 20 per cent with saline and 80 per cent with morphine (a total of 178 patients was studied). The pain experience of man consists of both perception of painful stimuli and the psychic modification of these stimuli. A hypothesis is presented to explain the analgesic properties of pentobarbital by depression of the internuncial spread of pain impulses in the brain and inhibition of the psychic phase of pain experience.”

A. A.


“The available reports on the changes in the inorganic serum, plasma, or blood P caused by various anesthetic agents have been contradictory. . . . This diversity of opinion stimulated us to investigate the inorganic serum P levels in man before and after ether, cyclopropane, thiopental sodium, and spinal anesthesia. This study was made on 71 surgical patients. . . . The inorganic serum P level increases markedly under ether and cyclopropane anesthesia. No significant change of the inorganic serum P level was observed under thiopental sodium or spinal anesthesia.”