eration should, of course, be passive and not active. . . . There must be a free and clear airway. . . . Rapid postoperative recovery, with the patient coughing at the completion of the operation and immediately after the intratracheal tube has been removed, is most desired. . . . Finally, the head and neck surgeon, in company with his colleagues in other surgical fields, is desirous of relegating responsibility for the general condition of the patient to the anesthesiologist."

J. C. M. C.


"The pressor effects of dl-noradrenaline and l-adrenaline, injected into the jugular, femoral, and splenic veins and the splenic and external iliac arteries of cats and rabbits, have been examined. . . . Adrenaline was less active by portal than by jugular vein, though the ratio value for equipressor doses by these routes decreased as the pressure rise increased. Noradrenaline was less active by portal than by jugular vein, but the ratio value remained constant. . . . When injected into the portal circulation, noradrenaline was not potentiated by the simultaneous administration of guanidine or cocaine whereas equipressor doses of adrenaline were enhanced. Noradrenaline therefore is not rapidly absorbed from the blood stream during its passage through the liver. . . ." "Intra-arterial and intrajugular injections of adrenaline and noradrenaline were not potentiated by the simultaneous administration of intra-arterial or intrajugular guanidine, but both were enhanced by cocaine. . . . Guanidine or cocaine in suitable intraportal doses do not potentiate the action of liver sympathin. After large intraportal doses of dihydroergotamine, hepatic nerve stimulation and small intraportal doses of noradrenaline produced depressor responses, when corresponding doses of adrenaline were without effect. . . . When injected into the artery supplying the caudal end of the spleen, adrenaline produced a depressor response, possibly due to the liberation of histamine. Noradrenaline, on the other hand, produced a pure rise of blood pressure." J. C. M. C.


"A capacity to enhance the pressor action of adrenaline in anesthetized animals is almost as conspicuous in methyl isothiourea and its nearer homologues as their own pressor activity. . . . A more intensive study of the activity displayed by these compounds has indicated how . . . contrasting observations may be reconciled. An appreciation of the ambivalent character of typical amidine derivatives goes a long way towards explaining differences in effects upon sensitivity to adrenaline, outstanding though these may appear superficially. . . . It has been shown for the first ten isothioureas (n=0–9) of general formula:

\[ \text{CH}_4(\text{CH}_2)_n \text{S.C.}(\cdot \text{NH})\text{NH}_2 \]

that either sensitization or desensitization to the vasoconstrictor action of adrenaline in the pithed rat hind-quarters preparation may be observed after their administration, according to the experimental conditions employed. . . . Which effect is produced seems to depend mainly upon dosage. . . . Experiments with various other strongly basic amidine derivatives. . . . sug-
gest that they too show a qualitative resemblance to the alkyl isothioureas in producing first sensitization and then desensitization to the vasoconstrictor action of adrenaline when they are given in increasing concentration. . . Adrenalytic effects are observed more especially with the higher members of a series."

J. C. M. C.


"Extensive clinical usage has established the importance of procaine as the basic standard in the field of local and regional anesthesia. . . . Despite the rapid accumulation of clinical experience with intravenous procaine, fundamental knowledge concerning mechanisms of action, the distribution of the drug in the body and the precise mode of destruction or elimination has not been available. . . . It seemed desirable . . . to investigate the pharmacologic effects of di-ethyl-amino-ethanol upon man and laboratory animals. . . .

"Chemical and pharmacologic studies with procaine suggest that the active principle of the drug may be di-ethyl-amino-ethanol, a product of its hydrolysis. In many respects, this substance mimics the action of procaine, although relatively large doses are required. Further investigations are indicated to elucidate the pharmacologic activities of procaine and its metabolites."

J. C. M. C.


"The child . . . presents a problem in preoperative medication which requires careful consideration, as the first purpose of the medication is to reduce . . . irritability . . . Dosage of drugs cannot be standardized for any age group. . . . In general a child requires a larger dose in proportion to his size than does the adult. In choosing between open and closed technic, one must remember that the small child may tire easily from exertion in breathing, and the resistance of long breathing tubes and a large soda lime cannister may be fatiguing. . . . Induction of anesthesia in the child requires great care. . . . Much of the struggle of early induction is merely the effort of the child to get away from an unpleasant irritating vapor. . . . Maintenance of the level of anesthesia should be adequate but not deeper than is required for the particular operative procedure. . . .

"Endotracheal technic is as useful in the child as in the adult, and in certain procedures it is indispensable. . . . The size of endotracheal tube in the child is most important, as the thickness of the wall of the tube diminishes the air space more in the smaller tubes. The tube with the largest lumen which will pass the orifice and into the trachea should be used, especially in the infant and in the younger child. . . . Choice of anesthetic agent for the child differs little from that for the adult. . . . The question of administration of blood during surgery is of great importance in the young child. The smaller total blood volume of the child makes a comparatively small blood loss of grave significance. . . . Curare has a place in anesthesia in children as well as in the adult. . . . Anesthesia for infants and children can be safe for the patient and satisfactory for the surgeon if careful consideration and planning are provided, and if satisfactory techniques are worked out by the anesthetist."

J. C. M. C.