*Anaesthesia 3: 122-125* (July) 1948.

"The advent of curare has greatly increased the employment of an intravenous barbiturate as the anaesthetic agent in major abdominal surgery, and for some considerable time the writer has successfully used intravenous anaesthetic drugs to accelerate the return of reflexes, consciousness and physical activity in cases of this type. In an effort to determine the relative merits of the three drugs which had been employed, a controlled study has been made of 48 healthy female patients undergoing minor vaginal operations and to whom intravenous thiopentone anaesthesia was administered. . . . The mean recovery times after each anaesthetic drug were less than the corresponding times for the control group."

J. C. M. C.


"This paper reports the use of myanesin in 200 cases. In most of these, abdominal relaxation was an essential surgical requirement. . . . The ages of the patients ranged from 8 to 80, including 16 cases between 70 and 80 years of age. There was no relationship between age and dose. The drug was given until the desired effect was produced. . . . The average doses of myanesin . . . varied from 5 cc. to 30 cc. . . . It appeared that the opportune moment for the administration of myanesin was just before the opening of the peritoneum. . . . To get the best results subsequent doses should not be unduly delayed. In the early part of this series the error was made of trying to do too much with too little.

"When given with thiopentone, large doses of myanesin were required to provide a completely relaxed laryngeal aperture. . . . On balance curare seems to have a more pronounced effect on the larynx than myanesin. Both substances, by preventing laryngeal spasm, render intubation almost unnecessary in abdominal surgery. . . . Thrombosis at the site of injection was the most striking complication. It occurred in 10 cases (5 per cent). . . . In three cases where thrombosis developed, myanesin had been given separately. In four cases more than one dose of the substance had been injected into the same vein, and in one case plasma also. . . . Myanesin has an important advantage over curare in that it produces less respiratory depression."

J. C. M. C.

ROMAN, D. A., AND ADRIANI, JOHN:
*Lucaine as a Spinal Anesthetic Agent for Urological Surgery.*

"A new local anesthetic . . . has recently been introduced. Lucaine, also known as PT-19 (B-2 piper-idyl-ethyl-ortho amino-benzoate hydrochloride) is a local anesthetic chemically related to procaine, intracaine, and similar ester compounds. Unlike procaine and pontocaine, it is an ester of ortho-benzoic acid. The latter are esters of para-amino-benzoic acid. The available preparation is the hydrochloride. This is a white powder which dissolves in water with difficulty. However, it readily forms solutions of 1 per cent or less in water or spinal fluid. These are sufficiently concentrated for clinical use. . . . When used intrathecally as a 0.5 per cent solution, the drug produces sensory anesthesia with mild paresis or sensory anesthesia with no motor involvement at all . . . . The technique for using lucaine differs little from those used for other spinal anesthetic drugs. . . . The drug is satisfactory for short surgical procedures in which no muscle relaxation is required."

J. C. M. C.