gave statistically similar results . . . in our hands, and have been grouped together as Drug 1 in our analyses.

"Pontocaine (tetraacaine) hydrochloride (Drug 2) was used in 115 cases. The dose was arbitrarily selected as 5 milligrams. By employing the 1 per cent solution of the drug, it was possible to create a technique for preparation with 10 per cent glucose which was identical to that for 1:2000 nupercaine. This was deemed of importance by us in setting up a routine which should prevent accidental improper dosage . . . Novocain (procaine hydrochloride) (Drug 3) and Metycain (Drug 4) were selected as shorter-acting agents to be tested under the saddle block technique . . . Seven additional cases received monocaine formate. . . . The rate of operative interference in delivery was not significantly increased. Complications attributable to the anesthetic procedure have been a problem. The benefits to the fetus in early spontaneous respiration have been striking. There has been no increase in the fetal or maternal morbidity of mortality." 8 references.

J. C. M. C.


"At Grace Unit of Grace-New Haven Community Hospital, from 1942 to 1946, there were 492 cesarean sections performed using pentothal as the sole anesthetic agent until after delivery. In practically all of these cases, it was the main anesthetic agent throughout the operation, supplemented with a mixture of equal quantities of oxygen and nitrous oxide after delivery of the child. . . . There were no maternal deaths. The incidence of nausea and vomiting was small. The 2.7 per cent atelectasis may at first thought seem high, but when it is considered that many of these operations were done as emergencies, it takes on a much less serious aspect. There were 15 fetal deaths, only 5 of which may have been due in any respect to the anesthesia." 2 references.

J. C. M. C.


"Since 1941 we have administered 1064 anesthetics, at the Hospital of the University of Pennsylvania, to a total of 974 individuals above the age of 70. The over-all hospital mortality for this group was 4.0 per cent, a surprisingly good survival rate which almost tells the whole story. The aged patient is apparently a better surgical risk than one might assume on casual thought. All types of operations were performed in this series . . . Spinal anesthesia with procaine, pontocaine, metycaine, or nupercaine was administered 448 times. Two hundred and six pentothal anesthetics were given. Cyclopropane was used on 193 occasions and ether 66 times. Regional block was administered to 150 patients. Avertin, nitrous oxide, and refrigeration anesthesia were also used . . . Since the majority of elderly individuals are well composed and philosophical, as a rule opiates and sedatives are omitted and only atropine in doses of 0.4 mg. (gr. 1/150) is administered prior to anesthesia. . . . The aged patient usually has a high pain threshold. This makes him often ideal for regional anesthesia and many major procedures were carried out successfully in this fashion. Lest regional block be adopted too widely, however, it must be recognized that reactions to local anesthetic agents are more common in the aged, that tissue irritation from the drug may interfere with tissue repair, and that sup-