of tinnitus can, however, be made. . . Curarization has been found of use in the differential diagnosis of painful muscle spasm, especially in backache. If the pain is due to the spasm it is instantly relieved by curarization while the pain due to root irritation is unaffected. . . In acute anterior poliomyelitis the temporary weakness on mild curarization shows up unsuspected or additional paralysis and proves of use in determining treatment. . . In electro-shock therapy of psychotic states adequate curarization before the induction of convulsions has obviated many of the dangers and disadvantages hitherto inherent in the method without distracting from its curative value. . . In the treatment of the acute phase of poliomyelitis, curarization has yielded some interesting results. . . Convulsive states would seem to be pre-eminently suitable for control by muscle relaxants and it is actually in this field that the best therapeutic results have been reported. . . Idiopathic epilepsy in an adult fully controlled with epanutin was entirely unaffected by relaxant doses of myanesin. . . Its use in tetanus is extremely beneficial. . . Hyperkinetic states have been treated with relaxant drugs and though present methods are far from perfect and have resulted in many disappointments there are great possibilities. . . It is interesting that motor performance tests show that the reduction of spasticity is greater in the lower than in the upper limbs. . . As a vermi- fugue curariform compounds have long since found their way into patent pow- ders. The well-tried remedy Staves- acre seed is derived from a delphinium which is itself being tried as perhaps the most easily obtainable source of pot- ent curarimimetic compounds. Muscle relaxants are now obtainable of great potency and purity of effect; if administered with skill and judgment they are safe and in many conditions have already been found to be effective. Hopes have arisen of adequate therapy in some extremely disabling and painful diseases, not least the spastic and convulsive states in which only pallia- tive measures have hitherto been avail- able. For these hopes to be realized two rules must be observed. Firstly, though curarization in itself is in no way injurious, the effects of the respira- tory embarrassment can be danger- ous to life. Curarization must never be undertaken unless this is realized and guarded against. Secondly, only by intelligent trials on significant num- bers of suitable patients and the keep- ing of careful records can improvement in technique be attained. Anaesthetic departments of large general hospitals have in this a great opportunity to con- tribute to further knowledge of this hopeful line of treatment."

J. C. M. C.


"The practice of giving a general anesthetic as an office or home procedure has increased since the advent of sodium pentothal. . . The increased use of anesthesia has been a double- edged sword. The number of malprac- tice cases related to anesthesia has in- creased markedly during the past ten, and particularly during the past five years. Most of the legal actions have been in cases in which spinal anesthesia or sodium pentothal anesthesia was em- ployed. There have been cases where either paralysis or personality changes have followed anesthesia. The number of deaths incident to anesthesia has re- mained relatively constant in hospital practice. . . The physician who takes the attitude that the administration of a general anesthetic or an extensive lo- cal, regional, or topical anesthetic is a minor office procedure to be carried
out without preparation or consideration is simply ignoring facts.

"No anesthetic should be administered unless (1) oxygen is available and a means of administering it under positive pressure; (2) instruments are at hand to secure and maintain an open airway; and (3) suction machines capable of aspirating tenacious mucous and instruments to aspirate the trachea as well as the pharynx are provided. The patient should not have had nourishment by mouth for preferably six hours, if an elective case. If the case is an emergency and requires a general anesthetic or is at all extensive the stomach should be aspirated or emptied by any means. . . . A patient who is to receive an anesthetic should be premedicated. . . . The anesthetic drugs effective locally are all more or less closely related to cocaine. They vary widely in their topical effectiveness and toxicity. . . . Spinal anesthesia is not a simple type anesthesia. The basic techniques are not difficult, it is true, but the proper handling of the patient both psychologically and physically and an appreciation of the problems incident to the inevitable changes in respiratory and circulatory physiology under this type of anesthesia are necessary if this method is to be safe and satisfactory. . . . The principal complication with sodium pentothal is the occurrence of hypoxia which may result in permanent central nervous system damage if not in death. . . . Fatalities occur from drop ether where no evident cause for such an event can be found. Ether produces profound metabolic changes and in few instances there is no doubt that these disturbances may be incompatible with life. . . .

"Obstruction of the airway by saliva, mucous or blood must always be prevented; a partially obstructed airway over any period of time may well lead to death of the patient. . . . It is well to warn the parents of children who do not measure up to standards for their age and/or who show evidence of having excessive lymphoid tissue or who have been chronically ill that anesthesia is a real hazard. . . . For short procedures such as myringotomies where general anesthesia is desired, vinyl-ether is probably safer than ethyl chloride."

J. C. M. C.


"Mr. Gibberd of Guy's Hospital suggested that it might be of interest to analyse the material obtained from a clinical investigation undertaken by the Royal College of Obstetricians and Gynaecologists, into the use of trichlorethylene administered by means of a Freedman's inhaler. Over a period of 15 months the clinical material from some 2,300 cases, some of which were conducted by ourselves, were analysed. . . . For any complete investigation of trichlorethylene some method of accurately estimating its concentration in blood and also in vapour/air mixtures should be available. . . . A new method was . . . evolved in collaboration with Dr. F. H. Brain of the Chemistry Department of Guy's Hospital. This new technique involved a considerable amount of routine laboratory work which has only just been completed. As a result we are now able to estimate accurately very small concentrations of trichlorethylene in either blood or vapour/air mixtures. Professor Gibson considers this method would be best published in the Biochemical Journal. . . .

"From various comments made by observers during the investigation it appeared doubtful if Freedman's inhaler did produce a constant trichlorethylene vapour/air mixture as was claimed. We found upon investigation