group contained a larger number with uncomplicated labor and delivery than the other groups. Yet in the spinal anesthesia group the neonatal mortality was 29 per thousand live births and in the group with no anesthesia and with tumultuous labor the neonatal mortality was 34.9 per thousand live births even after all infants under 3 pounds in this latter group were excluded. Because of the unexpected high combined stillbirth and neonatal mortality in the spinal anesthesia group of 74.2 per thousand live births, this group was examined more minutely. . . . In the full term infants this combined stillbirth and neonatal mortality of 47.7 per thousand live births compared unfavorably with the 15.0 in the caudal group. Also in the premature group the combined stillbirth and neonatal mortality of 220 per thousand live premature infants compared unfavorably with the 174 in the caudal group. The combined neonatal and stillbirth rate in the group with no anesthesia was 25.2 for full term infants and 377 for premature infants weighing 3 pounds or more at birth. These high rates make us seriously question the safety of those methods which withhold pain relief during labor and delivery. . . . In this paper we have presented the stillbirth and neonatal mortality rates in the various anesthetic groups. We are not drawing any further conclusions at this time. . . . 5 references.

J. C. M. C.


Pentothal sodium-procaine hydrochloride combined in a single solution was administered intravenously to over 500 cases. The mixture was used for extra sedation during spinal anesthelia; to guard against cardiac arrhythmias during general anesthesia, particularly during cyclopropane anesthesia; in combination with gas; alone as an analgesic in cases where no relaxation was required; and in the relief of postoperative pain. The author's personal observations and impressions were reported.

The preparation of the solution to be used at operation was as follows: 1 to 2 Gm. of pentothal sodium and 0.5 to 1 Gm. of procaine hydrochloride were added to a liter of 5 per cent glucose in normal saline. A 1 per cent solution of procaine in normal saline was used when the dilute solution was not sufficient to prevent arrhythmias. The maximum amount of pentothal used at an operation was usually 2 Gm. If more sedation was required, other measures were used.

The preparation of the solution used for postoperative pain was as follows: 0.5 Gm. of pentothal sodium and 0.5 to 1 Gm. of procaine hydrochloride were added to a liter of fluid.

The dilute solution of pentothal-procaine was found to improve and, frequently, to prevent cardiac arrhythmias during general anesthesia. When cyclopropane was used, less gas was required to maintain anesthesia. Postoperative pain was relieved in most cases and less opiate was necessary when procaine had been used. There were no ill effects to the patient. 11 references.

R. C. T.


In a series of 285 cesarean sections curare was used as an adjunct to various anesthetic agents in an effort to decrease the amount of the anesthetic drug necessary. In 201 of these cases