before operation. No morphine is
given. Pentothal solution 2½ per cent
is used. The injection must be slow.
Intravenous infusion of 1,000 cc. of
physiological salt solution is started
simultaneously with the anesthetic.
Oxygen is administered during the
time of anesthesia.

Infants under 4 years of age, adults
whose veins are difficult to engage and
patients presenting advanced azotemia
are not suitable subjects for pentothal
anesthesia. Allergic reactions to pento-
thal, anemia, hypotension and shock
are contraindications. Obstructive dis-
ases of the upper respiratory tract
also contraindicate use of the drug.

At Southern Pacific General Hos-
pital and St. Mary's Hospital in San
Francisco, major surgical interven-
tions on the genito-urinary tract were
done on 96 patients, and 59 opera-
tions of shorter duration, all under pento-
thal anesthesia. There were no deaths
or accidents. 11 references.

F. A. M.

MILNE, M. L., AND YOUNGER, E. R.: Re-
lief of Pain in Childbirth. Brit. M.
J. 2: 16 (July 5) 1947.

In a series of 25 cases the method
of administering phenobarbitone and
rectal ether for relief of pain in child-
birth was tried. The technique was
outlined in 1945 by C. B. Lull and
R. A. Hingson. In each of the 25 pa-
tients relief of pain was experienced.
None of the babies was affected by the
sedation and every child cried im-
mmediately at birth. The method was
found to be safe, easy to administer
and it did not prolong labour. 1 ref-
ence.

F. A. M.

PROSKAUER, C.: The Simultaneous Dis-
covery of Rectal Anesthesia by Marc
Dupuy and Nikolai Ivanovich Pir-
goff. J. Hist. Med. & Allied Sc. 2:
379–384 (Summer) 1947.

Coincidences occur in every field of
endeavor. It is not generally known
that the administration of ether by
rectum was first suggested simulta-
neously by two persons in widely
separated parts of the world. On
March 16, 1847, a manuscript was read
at a session of the Académie Nationale
de Médecine in Paris by Marc Dupuy.
The title of the manuscript was "Note
sur les effets de l'injection de l'éther
dans le rectum." The work of Marc
Dupuy was presented to the Académie
des Sciences in Paris on April 5, 1847.

At the April 27 session of the Académie Nationale de Médecine a
manuscript-letter written by Nikolai
Ivanovich Pirogoff was presented. The
title of his paper was "Sur l'adminis-
tration de la vapeur d'éther par le
rectum."

Pirogoff was a noted surgeon and
his report reached the entire medical
world. The idea of rectal anesthesia
was most closely associated with his
name. Marc Dupuy, "interne des
hopitaux," unknown then did not en-
joy Pirogoff's opportunities. He re-
mained silent although his paper is
dated exactly six weeks before that of
Pirogoff. No biographical lexicon has
anything to say concerning Marc Du-
puy's life or achievements. 14 refer-
ences.

F. A. M.

SHACKLETON, R. P. W.: The Treatment
of Pulmonary Complications in
Maxillo-Facial Injuries. Anaesthesia

Of 324 men with facial wounds who
were admitted to a maxillo-facial unit
from June 7 to October 31, 1944, 256
had wounds involving the naso-, oro-
or laryngo-pharynx. Of these 256 cases,
128 showed physical signs of disease
in the lungs on admission. Marked
absence of pneumonia was probably
due to the short time since wounding
and to the routine use of penicillin.
Bronchial aspirations and atelectasis probably developed during transfer due to the impossibility of proper nursing care. The anoxic emergency took precedent over anything else and tracheo-bronchial toilet was performed as soon as possible. Postural coughing and breathing exercises were performed twice a day on patients whose general condition was good and whose surgical condition permitted. Postural drainage was resumed postoperatively for as long as any retained secretions were detectable in the chest. A vigorous course of treatment was arranged by the physiotherapists. The results justified the severity of the technique and no untoward effects were noticed.

Of the 256 patients, 7 died and 11 developed severe pulmonary infections but recovered. 5 references.

F. A. M.


The first dilute solution continuous spinal anesthetic was administered (by S. M. S.) in October, 1944. After the use of a ureteral catheter to replace the malleable needle was suggested by Tuohy, the method of dilute solution continuous spinal analgesia was continued, using a catheter instead of a needle with shield. By the use of this method the complications of continuous caudal analgesia, and the undesirable features of spinal analgesia have been overcome. The anesthetic solution which is injected is so dilute that no somatic sensory effect could be detected. There was little or no motor paralysis involving the musculature of the thorax, abdomen, or extremities. The pain of labor contractions was abolished with solutions of pontocaine in glucose diluted to 0.05 per cent wherein 1/4 mg. per cc. was injected approximately once an hour. The patients were able to lie in any desired position and were able to move onto the delivery table without experiencing painful cramps of uterine contractions.

For the actual delivery the use of the dilute solution is discontinued and a more concentrated solution injected. A second syringe containing 4 mg. of pontocaine in 2 cc. of glucose replaces the syringe which contained the more dilute solution. The table is placed in reverse Trendelenburg position and the more concentrated solution is injected slowly.

In this series of 50 cases there has been no increase in operative or midforceps deliveries as a result of the anesthesia. There were no fetal or maternal deaths, no failures to enter the subarachnoid space or to introduce the catheter. There were no neurological sequelae. Postspinal headaches were not increased over the number one would expect in a similar series of patients who had spinal anesthesia, for general surgical procedures. There were no complications of any kind in the series. The first stage of labor did not seem to be retarded; the second stage was not prolonged. The third stage was of normal duration. Blood loss was minimal. The babies did not require resuscitation. In no case did the blood pressure fall. No toxic reactions occurred and no infections developed at the site of puncture. No supplemental anesthesia was required. The method seems to be a safe, practical procedure with many advantages over continuous caudal analgesia. 4 references.

F. A. M.