
“In 1944 we found that the renal effects of high spinal anesthesia in patients with essential hypertension were variable. We suggested that the type of response of the renal vasculature might mirror the nature of the hypertensive process. . . . The present report includes observations on the renal functional effects of high spinal anesthesia administered to 17 patients with essential hypertension and of caudal anesthesia given to 18 patients. Fourteen of the latter group had lumbar dorsal sympathectomy: . . . The effects of spinal and caudal anesthesia upon renal hemodynamics were similar. . . . The renal vasodilator response to anesthesia in hypertension indicates that a large proportion of increased renal vascular resistance in this disease is dependent on nervous influences which are affected by anesthesia extending to about D 5, or alternatively that desensivation by anesthesia has sensitized the vessels to vasodilator influences.

“The major hemodynamic change induced by spinal or caudal anesthesia is seen to be due to decreased peripheral resistance. . . . The renal vascular response to anesthesia is not a positive guide in the selection of patients, although the absence of vasodilation during anesthesia may contraindicate operation.”

J. C. M. C.

Crowther, W. E. L. H.: The Introduction of Surgical Anaesthesia in Van Diemen’s Land, with Some Account of William Russ Pugh, M.D. and Especially the Occasion When on June 7, 1847, at Saint John’s Hospital, Launceston, He was the First, in Australia, to Administer Ether as a Surgical Procedure. M. J. Australia 2: 561–570 (Nov. 8) 1947.

“June 7, 1947, is the centenary of the first employment of surgical anaesthesia in Australia, which occurred . . . in Launceston at Saint John’s Hospital, when Dr. William Russ Pugh with the assistance of Dr. William Benson administered sulphuric ether to 2 patients, a woman and a man, on whom he operated for an epulis of the jaw and for a cataract respectively.” 7 references.

J. C. M. C.


“It was shown in a previous paper that treatment of plasma with 10 per cent chloroform decreased its antitryptic activity instead of increasing it. This was a remarkable finding because: (a) hypertensin is a very sensitive reagent to test for proteolytic activity, and (b) the characteristic clotting and fibrinolytic properties of chloroform treated plasma have been attributed to an increased trypptic activity. Previous experiments have also shown that hypertensin is an excellent substrate for the detection of antiproteolytic substances. Using hypertensin as a reagent, we have been able to show that plasma protects hypertensin against the destructive action of trypsin and to a lesser degree from that of chymotrypsin. On the contrary, the hypertensinase activity of crystalline carboxypeptidase and pure aminopeptidase (from yeast) remained unaffected. The degree of protection afforded by plasma, against the destruction of hypertensin by an appropriate dose of trypsin, may be used as a measure of its antitryptic activity.
By using a technic based on this assumption, we have studied the effect of chloroform treatment on the antitypic activity of plasma. . . . Treatment of human, dog, ox, and horse plasmas with 10 per cent chloroform decreases their antityptic properties."

J. C. M. C.


"In recent years the use of nitrous oxide-oxygen analgesia has become more and more widespread. The profession is gradually beginning to employ these gases with confidence. Their value has been solidly established in the field of operative dentistry. . . . Analgesic properties of nitrous oxide-oxygen may be used successfully in the field of dental and oral surgery. Nervous and apprehensive patients are controlled by this type of analgesia."

J. C. M. C.


"My own experience is as follows. On April 16, 1945, three hernial repairs were carried out under spinal analgesia. The first patient, aged 41, made an uninterrupted recovery; the second, aged 19, developed meningitis from which he subsequently recovered; and the third developed meningitis from which he died sixteen weeks later. . . .

"An exhaustive attempt was made to trace the source of the infection in these cases, but without success. Cultures were made from the glove powder, sterile water, and air of the theater, but no trace was found of Ps. pyocyanea. A possible source of infection was thought to be the patient’s skin, but cultures from the skin of the back on May 11 yielded only Staph. albus. . . . One is forced to the conclusion, already expressed by others, that meningitis following lumbar puncture with or without introduction of a solution for spinal analgesia will be avoided only by the maintenance of a scrupulously careful aseptic technic which must apply to the whole theater. The only other case of meningitis following spinal analgesia which has occurred in this area during several years was in a patient operated on in the same theater; and in this case Ps. pyocyanea was cultured from 'sterile' water in a winchester jar.” 4 references.

J. C. M. C.


"In January of 1946 an experimental series of instructional lectures to expectant mothers was initiated by this Department, with the cooperation and support of the Department of Obstetrics under Dr. D. F. Standing and Dr. Gilbey. Previous attempts by the Department of Anaesthesia to provide an analgesic service in the Obstetrics Department with the staff available had met with no success, chiefly because routine and emergency surgery made too great a demand on the time of the anaesthetists, but partly also because such a service requires patience and sympathy for the work. . . . Hingson and Lull, in their recent monograph, have presented in detail most of the drugs and methods so far used to secure pain relief in childbirth, with particular accent on the recently advocated continuous caudal analgesia. But they have failed to investigate or adequately assess the psychological approach to childbirth. . . . The material for the experiment were all primiparae who