was prepared and used. The formula consists of:

"Amethocaine 0.02 g i.e. 0.4%
Dextrose 0.23 g i.e. 4.6%
Water to 5.0 c.c.m.
Specific gravity 1018 pH 5.0"

The full spinal dose of amethocaine is considered to be 20 mg. Two hundred administrations of this solution have resulted in no prominent neurological sequelae. This preparation should be safer than any other "heavy" solution so far employed. 14 references.

F. A. M.


Technical perfection in intranasal operations can most easily be achieved under local analgesia. After premedication with morphia and hyosine the patient's nares are cleaned with spirit and three positions assumed by the patient during the injection of the analgesic. "Two c.c.m. of 8.0 per cent cocaine hydrochloride; 2 c.c.m. of 1.0 per cent sodium bicarbonate; 1 c.c.m. of 1/1000 solution adrenaline hydrochloride, are mixed together in a tot. This produces 5 c.c.m. of analgesic solution of which 1 c.c.m. is adrenaline, 4 c.c.m. is a mixture of 4.0 per cent cocaine and 0.5 per cent sodium bicarbonate.

The patient assumes each of three positions for ten minute periods. Lying on his left side with a pillow under his left shoulder the head is allowed to drop in the strictly lateral position until it assumes an angle of 45 degrees. One-third of the analgesic solution is divided equally between the two sides of the nose by introducing a special needle along the floor of the nasal cavities and depositing the solution. After ten minutes the second one-third of solution is deposited into the nostrils and the patient pinches his nose and rolls forward on his face. After ten minutes in this position the patient, still pinching the nostrils, rolls directly from the prone position onto the right side. The last of the solution is then inserted into the nostrils. Deep and lasting analgesia results.

F. A. M.


In order to have the cooperation of the patient after section of the nerve in operations for the relief of intractable pain, an interrupted form of anaesthesia was developed. Premedication with omnopon and hyosine was given one hour before operation. The patient was placed in position on the table and the operation explained to him. Local infiltration of 1 per cent procaine into the operation site was started by the surgeon while the anaesthetist started the intravenous injection of 5 per cent solution of pentothal sodium. Light anaesthesia was maintained by intermittent injection of pentothal into a continuous drip saline. As soon as the section was considered satisfactory, the patient was awakened by intravenous injection of cocaine, 2 c.c.m. every two minutes, until the patient answered questions sensibly or by the intravenous injection of pertoirexin grs. 1/25 every two minutes. When the area of skin analgesia was mapped out anesthesia was again produced with pentothal for closure of the wound.

Young service patients with peripheral nerve injuries were operated under identical technic but with unsatisfactory results. During the period of waking the test the conductivity of the nerve, a belligerent and an uncooperative state of mind made careful analysis impossible. After premedica-