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 hyoscine 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 hyoscine 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 anesthetist 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 coramine, 2 c.c.m. every two minutes, until the patient answered questions sensibly or by the intravenous injection of picrotoxin grs. 1/25 every two minutes. When the area of skin analgesia was mapped out anaesthesia 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 to test the conductivity of the nerve, a belligerent and an uncooperative state of mind made careful analysis impossible. After premedica-
tion with omnopon gr. 1/6 and hyoscine gr. 1/150 one hour preoperatively, the procedure was explained carefully and the patient was informed that he would be required to wake up and answer questions. He was made to understand the reason for this. An intravenous injection of pentothal 0.5 g. was then given followed by inhalation of nitrous oxide and vinethene and local infiltration of the line of incision. When the time came for testing the inhalation anesthetic was discontinued. Within one to five minutes the patient was usually alert and cooperative. No anaesthetic drugs were used. Further pentothal and inhalation anesthesia were used for completion of the operation. In more than 100 cases in which this method was used, about 50 per cent had no memory of having been awake during the operation.

F. A. M.


If, as experimental evidence suggests, the renal cortex in Weil's disease is ischemic because of selective spasm of the renal vessels, the earlier the spasm is broken, by paralysis of the sympathetic nerves, the less renal damage will take place. Since the prognosis in Weil's disease becomes worse with age, it is suggested that to cut down the mortality in severe cases, sympathetic paralysis should be employed in the oliguric stage of the disease if correction of the dehydration and hypotension has not increased the urinary secretion.

A man of 61, suffering from Weil’s disease eight days, was treated with measures designed to increase his urinary output and remedy his hypotension. When his blood pressure had been raised from 100/70 mm. Hg to 130/90 a high spinal anesthesia was induced up to the level of D7. Sixteen c.c.m. of light nupercaine was used. The patient remained sitting for fifty-five seconds. The results were dramatic. Diuresis began and urea content of the urine was good. The blood urea level fell at a remarkable rate after a day’s lag. Fluid intake was maintained by intravenous infusion as well as by mouth. The diuresis continued even after the effect of the spinal anesthesia wore off. The patient completely recovered.

F. A. M.


Because of recent publicity in the lay press concerning demerol hydrochloride, there has been renewed interest in the liability of addiction. Since euphoria may occur it appears that certain persons may become habituated, especially if it is administered over a long period. Clinicians who have had extensive experience with the drug have concluded “that for routine use the addictive liability is minimal and certainly less than that of morphine.” A case is reported in which a young man ingested about 72 Gm. of demerol over a period of about seventeen weeks. Originally prescribed by a physician for malaise and mild epigastric cramps, the drug, in increasingly large doses, was taken by the patient for the relief of symptoms and later because of the sense of well-being which it produced. For a week before withdrawal the daily dose of the drug was 1,250 mg. There was no desire for the drug during a week in the hospital. For three days after discharge from the hospital a slight desire reappeared. On the third day he took 100 mg. every two hours for five