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 vinesthene 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 analeptic 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. 9 references.


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
doses and euphoria reappeared. He became dyspneic and felt faint and dizzy. The use of the drug was discontinued and has been avoided since. Although habituation resulted, true addiction apparently did not develop. 5 references.

F. A. M.


Supportive measures for the anesthetized patient may well be employed in the preoperative period and continued in the postoperative period. A large bore needle with a stylet may be placed in a vein after induction of anesthesia. The size of the superficial veins ordinarily is increased after anesthesia is started. In cases in which there is or has been a considerable loss of blood, there is no better substitute than blood itself. The amount of blood loss is often underestimated by the surgical team. The use of universal donor’s blood in an emergency is felt to be justified without the precautions considered necessary in cases of elective surgery. The Rh factor should be determined, if possible, before transfusion. In an extreme emergency one must use the blood which is available.

Dextrose and salt solutions are commonly used because they are readily available. It is the opinion of the internists, who are particularly interested in renal function, that patients probably do better with a 5 per cent solution of dextrose in distilled water than with dextrose in physiologic salt solution.

Electrolyte solutions may, if there is a considerable loss of blood, dilute the blood and make control of bleeding difficult. Vasopressors tend to increase the loss of blood. Plasma has been beneficial but large quantities are seldom indicated except in the treatment of extensive burns. A 6 per cent solution of acacia in physiologic salt solution may prove beneficial when there has been little loss of blood. Gelatin of large molecular size has been a valuable therapeutic agent in some cases. A 6 per cent solution of dextran in physiologic salt solution has been used in over 200 cases. The blood pressure seems to be well maintained when blood loss has not been excessive. Untoward reactions to dextran, the preparation called “macrose,” have been reported.

Vasopressor agents have been useful in some instances. Elevation of the blood pressure before the closure of the operative wound will permit detection and control of bleeding and thus avoid subsequent re-opening of the wound. Ephedrine in doses of 25 to 75 mg. has been satisfactory in raising blood pressure in most instances. Fifty mg. of oenethyl hydrochloride has been found to be equivalent to 25 mg. of ephedrine. Very small doses of neosynephrin usually produce elevation of the blood pressure. Vasopressor drugs may be given in single, concentrated doses or may be added to the intravenous infusion.

Quiet breathing helps reduce the blood loss during anesthesia. Oxygen is a simple supportive measure in any degree of shock.

Convulsions which may occur during anesthesia may be controlled by the intravenous injection of a small dose (3 to 5 cc. of pentothal sodium) of a barbiturate. A small dose of curare intravenously may also relieve the convolution.

Pentothal sodium and crystalline d-tubocurarine were administered to patients with poliomyelitis to facilitate manipulation when rigidity was present. The dose required to overcome the rigidity was surprisingly