With two separate syringes, 10 units of intocostrin and 25 mg. of pentothal are given from the beginning of induction, with 65 to 70 per cent of nitrous oxide. Maintenance is conducted with 500 cc. per minute each of nitrous oxide and oxygen, and just enough curare and pentothal to provide relaxation and to keep the patient quiet. Hiccups may develop during abdominal surgery with this combination of anesthetics. They may be controlled with the addition of cyclopropane or a local anesthetic drug given intravenously. 5 references.

F. A. M.


In spite of an increasing popularity of anesthetic agents with prolonged action some proctologists hesitate to use them because of fear of certain complications. This series of 1,510 cases is reported to show that some of these fears are unfounded. The product used in this study has the trade name “anecaine.” Its formula is: basic procaine—\( \frac{1}{2} \% \); butesin—1%; anesthen—5%; benzyl alcohol—5% and sweet almond oil q.s. The contraindication for the use of oil soluble anesthetics in proctology is manifest infection such as an abscess in the area to be injected. The operating anesthetic, in this series “metycaine” caudal block, was given first followed by injection of the oil anesthetic. Ten or 15 cc. of anecaine was injected, by various similar technics, in an area around the anus. Subcutaneous tissues, the lower border of the levator muscle and through the infra-levator fat to and slightly into the external sphincter muscle were the levels at which the solution was deposited. A finger was kept in the anal canal and lower rectum as a guide to prevent puncture of the mucous membrane.

Ecchymosis under the perianal skin was the most common reaction; only one abscess occurred. Allergic reactions occurred in 4 of the 1,510 cases and all of these patients belonged to the medical fraternity. There were 3 cases of generalized urticaria, very severe and lasting at least three weeks. Pre-operative patch tests were not done but following the reactions patch tests were made and were strongly positive. This precaution should be followed in all cases. The fourth allergic reaction was an Arthus phenomenon. No pus was obtained when incision was made over an indurated area. Pain was definitely lessened as indicated by the need for fewer narcotics. Catheterization was done less frequently, healing time was not prolonged, hospitalization time was shortened and the patients were able to resume their duties sooner. 7 references.

F. A. M.


A patient who complains of or who has such a disease as peptic ulcer, spastic colitis and pylorospasm is typical of the majority of patients with a predisposition to some personality suffering. These people are usually tense, tend to drive themselves unduly and disregard regulations for normal and regular living. The question of the amount of sedation that will reduce the sensitivity of such a person without impairing his efficiency, is a delicate one. Phenobarbital, gr. ¼, repeated four times a day has been found clinically to be the most advantageous. The combination of this dosage of pheno-barbital with suitable antispasmodies in a harmonious proportion must be worked out to give maximum efficiency.