the patient stops counting or ceases to carry on a conversation. By slow administration a smaller amount of 'pentothal' suffices. . . . During the remainder of the operation only sufficient 'pentothal' is given to prevent the patient from fully regaining consciousness. If the patient opens his eyes or moves his head a small amount of 'pentothal' is injected unless the operation is nearly completed. By discontinuing administration of 'pentothal' after closure of the peritoneum most of the patients were awake before leaving the operating room. . . . We have found the routine combination of spinal and 'pentothal' a useful and pleasant anesthesia, and the result of several thousand administrations indicates that the margin of safety has not been appreciably lowered.’’ 19 references.

J. C. M. C


During recent years single-stage operations have increasingly supplanted multiple-stage technics for the operative eradication of intestinal cancer. With the use of less toxic anesthetics and especially with extended spinal anesthesia associated with inhalation of oxygen, and the slow transfusion or infusion of blood, saline, dextrose, amino acids or gelatin solution, prolonged and very extensive operations may be performed upon the intestinal tract with little shock or serious depression. For spinal anesthesia, I use a mixture of 12 to 15 mg. of pontocaine with 80 to 100 mg. of procaine dissolved in 2.2 to 2.5 cc. of distilled water. This is injected through the first or second lumbar interspace and the upper part of the body instantly elevated 5 to 10 degrees for the first ten minutes or until the drug has become fixed. Usually this will give anesthesia of the abdominal region lasting for three to four hours. This may be prolonged by the free use of local and splanchnic anesthesia or the intravenous use of sodium pentothal.”

J. C. M. C.


“This report covers 100 consecutive cases of cataract extraction under sodium pentothal anesthesia. While this may sound fantastic, we have not had a single unsatisfactory result. . . . The average dose is from 1 to 2 grams—usually less than 1 gram. . . . At 9 p.m., the night before operation, the patient receives 1 1/2 grains of nembutal, and one-half hour before operation, 1/100 grains of atropine subcutaneously. In the operating room 2 minims of 4 per cent cocaine solution is instilled in each eye, and a mydriatic of choice. The eye is then prepared for operation, and on its completion sodium pentothal is administered. The average individual counts up to about twenty when sleep is produced. If there is any reaction such as a sneeze or spasm when the conjunctiva is grasped, we wait a few moments and push the sodium pentothal until relaxation is complete. . . . The end result is the important thing, and under this procedure the results have been so much better than formerly as to leave no argument.”

J. C. M. C.


“The choice of intravenous anesthesia in anorectal surgery must be based on its advantages and disadvantages compared with other methods. . . . In the last six years, I have done