
"The past fifteen years have seen revolutionary advances in anesthesiology. Perhaps more progress has been made in these fifteen years than in any of the previous years since the advent of anesthesia. . . . There is no need to emphasize the value of pentothal sodium anesthesia. . . . I still prefer to use the 2.5 per cent solution by the syringe method. It is simple to use and is more controllable than by the infusion method. The fundamental thing to remember about intravenous anesthesia is that it is just another form of general anesthesia. . . . The next point to remember is that pentothal sodium does not produce good muscular relaxation in certain regions of the body. . . . The present attitude of my colleagues and me in regard to pentothal sodium is that while it has many uses as the sole anesthetic agent, its greatest usefulness now and in future years is as part of our over-all scheme of balancing and combining anesthetic agents and methods. . . . One of the most important advances in recent years has been the use of curare as an adjunct to anesthesia. . . . Curare is marketed under the trade name ‘intocestrin.’ . . . The side effects of curare, given in safe therapeutic doses, are few. It does not seem to be toxic to the heart or other vital organs. In overdose, it paralyzes the muscles of respiration but with care this has never proved a hazard. . . . Up to this time curare has had its widest application with cyclopropane anesthesia and the combination has produced excellent results. Since the depth of anesthesia with cyclopropane can be varied so quickly, it is easier to gauge the degree of depression resulting from both agents. The same is true of the less potent gases: nitrous oxide and ethylene. The use of curare with these gases results in excellent relaxation with minimal central depression. . . . While curare may be administered intramuscularly, for use in anesthesia, its intravenous administration offers much better control. . . . The use of continuous caudal anesthesia in obstetric practice has been received with widely divergent feelings by the medical profession. . . .

"When continuous caudal anesthesia works at its best, it leaves little to be desired. . . . Caudal anesthesia is technically difficult. . . . In the best of hands a certain number of patients fail to get adequate relief of pain. While caudal anesthesia is advantageous in certain toxic states associated with pregnancy and labor, it is not the ideal method for long and complicated labors. The method requires the use of specialized equipment and continuous supervision. . . . Lemmon’s [continuous spinal anesthesia] technic has worked well and the method has gained much favor over the country. . . . Many analgesic and hypnotic agents have been given to the medical profession in recent years. Most of them, like the barbiturates, have a preponderance of sedative and hypnotic action over their analgesic qualities. As to demerol the reverse is true. While it may be classed as an analgesic, sedative and spasmolytic, its pain-relieving properties predominate. . . . The analgesic qualities of demerol have made the drug most useful in relieving labor pains. . . . The role of refrigeration has been and will somewhat narrow, since it is largely confined to operations on the extremities."

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