been used for all the cases requiring low spinal anesthesia. More recently local anesthesia, alone or supplemented with pentothal, is used for cases of fissure and hemorrhoids. For perineo-abdominal excision of the rectum some surgeons use spinal anesthesia alone and other surgeons use spinal anesthesia and then have the patient anesthetised with pentothal and kept lightly asleep with nitrous oxide or a small amount of ether. Blood pressure is kept at safe levels with pressor drugs such as ephedrine or methedrine.


When the decision of selecting the anesthetic agent of choice for a particular patient is made, the point of prime consideration is the safety of the patient. For the average patient, in good physical condition, practically any of the common agents in use at the present time are safe providing one realizes the capabilities of the agent. The same agents may be made extremely dangerous by the person administering them. The choice of a local or a general anesthetic will depend on the temperament of the patient. Post-operative complications occur equally after local or general anesthesia.

In the bad-risk patient the real problem of the choice of anesthetic presents itself. The elderly or very young patient also presents a particular problem. *Excepting babies, all children benefit from premedication. For children nitrous oxide provides a rapid and quiet induction. Vinethene or ethyl chloride give satisfactory results. For long operations the drug of choice is ether administered by the semi-open drop method. Local analgesia may be used in very young children who have received sedation.

A weak anesthetic is satisfactory for the aged and for those patients who are suffering from long general debility. Pentothal, low spinal analgesia, or weak mixtures of cyclopropane with oxygen or ether with oxygen may be used. High spinal analgesia may cause a fall in blood pressure which is not tolerated well by elderly patients. Curare may be used to advantage in the aged. In hypertension or cardiovascular disease the anesthetic should not excite the patient nor cause marked changes in the blood pressure. In an emergency, in the presence of acute respiratory infection, local anesthesia is the agent of choice. It has been found that ether has no harmful effect, in pulmonary tuberculosis, than other agents. With recent advances in the control of diabetes any agent, with careful premedication and post-operative treatment should be satisfactory. Pentothal is being used more widely in ophthalmological surgery.

Proper precautions to prevent complications will reduce disturbing post-operative experiences.


Sympathetic nerve block relieves the vascular spasm and the pain in thrombophlebitis and allows collateral circulation to become effective. In 1943, Edwards and Hingson used continuous caudal analgesia in the specific treatment of thrombophlebitis of the leg. Thirty cc. of 1.5 per cent metycaine in Ringer's solution is injected into the sacral space. Twenty cc. of the solution is injected per hour for four hours or more for prolonged effect. During the "rest" periods the needle is left in place and the patient
lies on the side or back with the legs elevated to 15 degrees. Complete relief of pain is reported within fifteen minutes after caudal injection and no resumption of discomfort is usually reported by the patient. Bed rest with slow, regulated exercise is helpful in maintaining muscle tone with prevention of extension of the thrombophlebitis. An elastic bandage or stocking is recommended for a week or more. The patient is allowed up soon after the course of treatment. Five cases of acute postpartum thrombophlebitis of the lower extremity were treated by the authors with "spectacular, prompt, and complete cure." The method is a sound, simple, superior method of treatment. 15 references.

F. A. M.

PRATT, R. V.: A Portable, Self-Contained Apparatus for the Induction and maintenance of continuous intravenous anesthesia, with some observations on the use of 'pentothal sodium.' M. J. Australia 2: 626-630 (Nov. 2) 1946.

Intravenous anesthesia has increased steadily in popularity. The usefulness of the method may be summed up under three headings: 1. the patient, 2. the anesthetist and 3. the facilities available. The condition of the patient is the most important consideration in deciding whether pentothal may or may not be used. The anesthetist who gives or supervises the giving of an intravenous anesthetic should have gained some practical familiarity with the method, should be aware of the possible hazards and should be able to deal effectively with such hazards. The solution of the intravenous anesthetic may be given with a syringe and needle. This method was modified by introducing a fine catheter or tubing between the needle and the syringe. Another method is that of setting up an apparatus for the intravenous drip infusion of saline solution and intermittently injecting the anesthetic by piercing the infusion tubing. A specially devised apparatus for administering pentothal anesthesia in the presence of a continuous drip saline infusion has been devised by the author. The flask of saline and a container for pentothal solution each have rubber tubing which are joined to a single tube which is connected to the needle. The sterile parts of this apparatus are packaged in a drum which is then placed in the drawer of a carrying case. In the case are other essentials for the administration of intravenous anesthetics. The case, completely equipped, may be obtained from Felton, Grimwade and Duerins, Proprietary, Limited, of 21, Alfred Place, Melbourne.

Pentothal in combination with other anesthetic agents has become increasingly popular. Oxygen or nitrous oxide-oxygen are given with the intravenous anesthetic. Pentothal is used as an induction for ether anesthesia, to supplement a regional or spinal anesthetic, or to make regional infiltration more comfortable. 10 references.

F. A. M.


Curare, used wisely, may be of considerable benefit in the poor risk patient and also permits more radical surgery. Curare is eliminated through the kidneys and is detoxified by the liver. Disease of these organs does not contraindicate the use of curare. At the Jewish Hospital of Brooklyn morphine and scopolamine or atropine are used as premedicants and intubation is done before curare is administered. Cyclopropane or nitrous oxide-