tration and then falls off rapidly. There seems to be a correlation between the depth of anesthesia and the plasma level. Pentothal is degraded rapidly in the body, since very little is excreted in the urine and there is but a small amount of storage in the organs. 7 references.

F. A. M.


Down through modern history dentistry has been prominent in the progress of developments in the relief of pain. Horace Wells, Gardner C. Colton, and W. T. G. Morton, all dentists, contributed to the early history of anesthesia. From Morton's time the developments in relief of pain were slow. The invention of the gas machine for the administration of nitrous oxide-oxygen began a new era. The first successful apparatus was made by Karl A. Connell in 1902. The Cotton-Boothby gas-oxygen-ether sequence machine was the first successful one of its kind. J. A. Heidbrink, a dentist, in 1915 developed the first successful gas apparatus for use in the dental office.

The last twenty years have brought many advances in anesthesia. Adequate preoperative and postoperative care of all dental patients should be provided. The use of ether has decreased since the discovery of the anesthetic qualities of cyclopropane. Pentothal sodium has been a great boon as an anesthetic for short operations. Curare is a valuable adjunct to general anesthesia. A. L. Barach and E. A. Ravenstine condemned the use of nitrous oxide with insufficient oxygenation of the patient and recommended that nitrous oxide be supplied only in tanks containing 80 per cent nitrous oxide and 20 per cent oxygen.

All surgical operations on the oral cavity should be done with the patient in the Trendelenburg position. Administration of the general anesthetic agent should not be carried out in a dental office. The exception is the use of nitrous oxide-oxygen in combination with regional procaine or monocaïne. Vinethene is a rapid acting anesthetic but, since it damages hepatic tissue and causes excessive salivation it should be used with caution for not more than one-half hour and always with a high concentration of oxygen. Ethyl chloride analgesia can be used before extraction of deciduous teeth of small children. Ether used alone is probably the safest anesthetic in the hands of the inexperienced person. For difficult surgical procedures in the oral cavity ideal anesthesia can be accomplished only by intubation of the trachea.

F. A. M.


Since August Bier first had cocaine solution injected into his own spinal canal to observe its effects, spinal analgesia has either been supported or denounced by surgeons and anesthetists. Spinal analgesia offers muscular relaxation and intestinal contraction which enable the surgeon to perform shock-producing operations with minimal handling of viscera. Spinal analgesia is criticized because of complications such as nausea, pallor, cold sweats, psychic shock and other undesirable after-effects that may follow its use. At St. Francis Hospital, Pittsburgh, Pennsylvania, members of the Department of Anesthesiology have studied various drugs that could be used to make spinal analgesia a valuable adjunct to surgery and anesthesia.