fix his gaze upon the point of a pencil held at the minimum distance of distinct vision. Suggestions were made by word of mouth, and once the patient was soundly asleep these were primarily concerned with the production of anaesthesia, first in the arm to allow a test to be made with a sharp needle, and then in the field of operation. It was also suggested to the patient that he would experience no postoperative pain, that he would have a good night's sleep following the operation, and that he would remember nothing of what had been said to him or had happened to him during the time he was in a hypnotic state. In addition, in the case of patients exhibiting such symptoms as headache, nervousness, insomnia (a common complaint of prisoners of war) et cetera, appropriate suggestions were made to deal with these conditions. After the operation was over and all these suggestions had been made, the patient was left sleeping for about ten minutes and then slowly awakened. . . . It was found advantageous to induce hypnosis on at least one occasion prior to operation, and this practice was followed in the great majority of cases. In two cases in which the attempt to induce true hypnosis failed, the mere suggestion of anaesthesia enabled the operation to be performed. . . . It was found that it was easier to induce hypnosis in reasonably intelligent patients than in mental defectives; but beyond this no general principle could be discovered which would enable one to decide in advance whether a given patient was likely to be easily hypnotized or not. . . . There was no significant difference in this respect between patients of different races—a fact which was surprising, in view of the skepticism expressed by many of the British and Australian troops when they first heard that hypnosis was being used. The condition described as superficial sleep, though adequate for many psychiatric purposes, was unsuitable for surgery except in the case of very minor procedures. Failure to induce hypnosis of the degree desired for surgical purposes was sometimes inexplicable; but in three cases the reason for the failure seemed fairly clear. Two of these patients suffered from eye disturbances. . . . The third patient suffered from deafness, which was not recognized at the time; consequently he did not hear many of the suggestions made to him. Post-operative pain was rare and amnesia was usually complete. . . . In all there were 23 patients on whom dental extractions were performed [and 6 on whom minor surgical operations were done]."  

J. C. M. C.


"It is only when one respects its dangers and limitations that sodium pentothal takes its rightful place in the armamentarium of the anesthetist. . . . Although a 50–60 per cent nitrous oxide-oxygen mixture possesses but slight anesthetic properties, when combined with sodium pentothal, it exerts a definite synergistic action and markedly reduces the amount of sodium pentothal required. This is further influenced by the use of premedication. When properly combined, these three represent an admirable example of 'balanced anesthesia' as advocated by Lundy in which excessive doses of any one anesthetic agent is avoided. . . . Sodium pentothal combined anesthesia has extended its use beyond the realm of short and simple minor surgery. I still believe that it has no place in major abdominal surgery (where relaxation is urgent) except as an adjuvant to spinal anesthesia. I have employed it satisfactorily in every form of surgery outside the major body cavities." 3 references.

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