treating vomiting and aspiration during anesthesia. . . . The administration of an emetic in early labor to the woman who has recently eaten solid food has been practiced in this community. Gastric evacuation by induced emesis, when carefully executed, might prevent the postanesthesia vomiting and aspiration of particulate matter. . . . The bronchopneumonias . . . did not prove a cause of serious illness and no fatalities resulted. Chemotherapy by sulfonamide drugs was apparently not effective. Roentgenologically, the problem was one of differential diagnosis, requiring differentiation from pulmonary tuberculosis, sarcoidosis, other pneumonias, pulmonary edema, and atelectasis.” 7 references.

J. C. M. C.


"In the actual technique of combining pentothal-cyclopropane, we have various procedures. Sometimes, we use pentothal for induction only. . . . The effect of the pentothal lasts ten to fifteen minutes. As cyclopropane is synergistic with pentothal, the quantity of cyclopropane needed will be reduced in proportion to the effect and duration of the dose of pentothal given at the beginning. In cardiac cases, oxygen is given before the pentothal. A second method is to begin and continue with pentothal during the greater part of the operation, but to finish off with cyclopropane-oxygen. In this way, the quantity of cyclopropane used is very small. . . . Still another manner of combining pentothal-cyclopropane is to begin and maintain anaesthesia with cyclopropane holding the pentothal as a mobile reserve. Thus, we may inject the barbiturate if the period of excitement is too long; to secure good relaxation for the closure of the peritoneum; or during the anaesthesia if the patient shows signs of cardiac arrhythmia, such as bradycardia or tachycardia. Here, pentothal does not suppress the arrhythmia due to the cyclopropane, but permits the anaesthetist to diminish considerably the concentration of cyclopropane in the bag and in the blood. . . . Another method of combining pentothal-cyclopropane also proves useful at times. Induction is made with pentothal up to full surgical anaesthesia; then oxygen-cyclopropane is used to hold the subject at the desired level of anaesthesia. If, during the operation the patient becomes too light, we may deepen the anaesthesia either by injecting a small quantity of pentothal or by increasing the cyclopropane. . . .

"We may use pentothal with nitrous oxide alone or with ethylene-oxygen alone, in the proportion of 50 to 70% of the anaesthetic gas. In this combination, the intravenous anaesthetic agent is used to reinforce the nitrous oxide or ethylene-oxygen in much the same way that the gas may be supplemented by the addition of ether. . . . Pentothal-cyclopropane has certain disadvantages; it favours bleeding, increases operative shock in long operations, and requires careful postoperative supervision of respiration.”

J. C. M. C.


"Experimental and clinical work have shown that living tissue is viable when completely asphyxiated (with tourniquet) for many hours if the temperature is kept between 33° and 40° F. Where the tissue is to be removed later (by amputation) this time may be extended to many weeks if necessary. This method of cooling tissue by an ice pack, with or without a tourniquet,