when other anaesthetics are used.” 8 references.

J. C. M. C.


“Pregnancy and delivery should be a normal physiological process. . . . While prematurity, immaturity, accidents of labor, various forms of dystocia, and operative delivery may cause asphyxia neonatorum, the chief cause as seen today is sedation and anaesthesia. . . . If we agree that the mother is entitled to some form of sedation and that the barbiturates are the least dangerous to the baby, what general anaesthesia should be given? . . . It is not my intention to suggest a rigid routine in sedation and anaesthesia. Instead it is my hope that the obstetrician will fully realize that the object of pregnancy is to produce a normal healthy infant. In choosing maternal medication, he should keep this purpose in mind. In endeavoring to satisfy the mother, he should not injure the baby. If this is carefully explained to the patient, there are few women who would not be willing to experience more discomfort for the sake of her baby. . . . I would like to quote McMahon’s discussion of Lund’s paper read at the annual meeting of the Central Association of Obstetrics and Gynecology in 1941: ‘The body of this paper clearly proves one of the author’s opening statements, namely, that we have no ideal obstetric analgesic procedure. . . . Patients should be told that in spite of what Time Magazine, Life and the Ladies’ Home Journal say, we have no ideal obstetric analgesia, that there is no such thing as a safe, painless delivery, and that many children are being sacrificed today because this is not fully appreciated.’” 11 references.

J. C. M. C.


“A new hypnotic drug [5-cyclohexyl-5-allyl-2-thiobarbituric acid] was submitted to us . . . for clinical evaluation in 1940. . . . We have now followed up 400 patients to whom we have given this drug either as the sole anaesthetic (50 cases) or as an induction agent to other anaesthetics. In both series of cases the operation ranged from dental extractions to abdominal operations. . . . Owing to the large number of variables in types of patient and operation it is impossible in the space of a few months to find anything approximating a series of parallel cases in which to test a new drug against a known one, but we here record our clinical impressions and post-operative observations following the use of kemithal in our cases. The ages of the patients ranged from 10 to 73 years. . . . Clinical experience supports the experimental findings that its potency is about half that of thiopentone [pentothal]. . . . In equi-active doses it would be difficult if not impossible to distinguish clinically between the two drugs.”

J. C. M. C.


“‘Kemithal’ was elaborated in the laboratories of Imperial Chemical (Pharmaceuticals) Ltd. by Carrington and Raventos as a result of efforts to produce an ultra-short-acting barbiturate with a greater margin of safety and fewer disadvantages than other drugs in common use. . . . In chemical structure the drug is more closely related to hexobarbital (‘Evipan’) than to thiopentone (‘Pentothal’), so it might be expected to be a less potent anaesthetic than thiopentone. Such is