
"A pertinent problem in modern surgery has been the control of the mental anguish that possesses the patient who is to undergo surgery. . . . Because of this, and the desire to be humane, anesthetists have tried to minimize the fear of the 'terrible unknown' that confronts the preoperative patient. . . . Basal anesthesia has proved to be more efficacious than sedatives. . . . The most commonly used basal anesthetics are paraldehyde, avertin (tribromethanol), and the drugs of the barbiturate group. . . . The search for a basal anesthetic more approaching the ideal has lead anesthetists to experiment with barbiturates for this purpose. . . . At our hospital [Beth-El Hospital, Brooklyn, N. Y.] we have used the following technique of administering basal anesthesia in adults. One hour preoperatively scopolamine gr. 1/150 to 1/300 is given by hypodermic. . . . Fifteen minutes preoperatively the anesthetist enters the patient's room carrying, as sole equipment, a rubber tourniquet and a 20 cc. syringe containing a freshly prepared 2 1/2 per cent sodium pentothal solution. After a cheerful greeting the patient is asked to hold out his arm so that a sample of blood for 'analysis' may be taken. . . . The needle is inserted in the vein and after a 1 cc. test dose has been given, and its effects observed for thirty seconds, 2 to 5 cc. are slowly injected. Conversation is maintained with the patient until he has fallen into a light sleep. We do not 'push' the drug to the point where the reflexes are abolished. We merely want the patient to go to sleep. As soon as this occurs, the nurse and orderly, who are waiting outside the door are called; the stretcher is wheeled in and the patient is rapidly transported to the operating room and placed on the table. Anesthesia with cyclopropane is then begun and continued to the point where ether can be given without causing cough, or is continued as cyclopropane-oxygen with or without intratracheal intubation. We have also followed this basal anesthetic with a spinal anesthetic and have then used a continuous sodium pentothal drip during the operation to maintain sleep. . . . Contraindications to the use of this method are marked anemia, hypotension, cardiac, respiratory, luetic, or allergic disease." 23 references.

J. C. M. C.


"Accidental infections produced by diagnostic or therapeutic proceedings are of much more frequent occurrence than the number of reported cases would suggest. There is a natural reluctance to publish anything which may appear discreditable. and unless investigation has revealed a previously unrecognized source of infection, there may be little object in doing so. It is therefore probable that meningitis following spinal anesthesia has been far commoner than the literature of the subject would suggest. There are nevertheless fairly numerous records of it, some of which put forward an explanation on which subsequent findings have cast serious doubts. . . . It has been assumed that the inflammatory changes produced in the spinal meninges are simply the result of chemical irritation by the anaesthetic. . . . The supposition that spinal anesthesies in concentrations used clinically will produce acute inflammatory changes in the meninges is unsupported by experimental evidence. . . . "It was reported by Barrie that dur-