DEUTSCH, E. V., AND HERZLICH, JACOB: 
Intravenous Sodium Pentothal as a 
Basal Anesthetic. Am. J. Surg. 72: 
32-35 (July) 1946.

"A pertinent problem in modern 
surgery has been the control of the 
mental anguish that possesses the pa-
tient 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 preopera-
tive 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 anes-
ethetists to experiment with barbiturates 
for this purpose. . . . At our hospital 
[Beth-El Hospital, Brooklyn, N. Y.] 
we have used the following technic of 
administering basal anesthesia in 
adults. One hour preoperatively iso-
polamine 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 pre-
pared 2½ 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 
nneedle 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. Conversa-
tion is maintained with the patient un-
til 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 trans-
ported to the operating room and 
placed on the table. Anesthesia with 
cyclopropane is then begun and con-
tinued 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 anes-
thetic 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, respira-
tory, luetic, or allergic disease." 
23 references.

J. C. M. C.

GARROD, L. P.: The Nature of Menin-
gitis following Spinal Anaesthesia 

"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 re-


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ing a certain period at the Royal Hospital, Sheffield, 11 out of 96 patients who were given a spinal anaesthetic in one operating-theatre developed a meningitis subsequently. . . . The lumbar-puncture needles used were sterilized in formaldehyde vapour, and rinsed before use in water supposed to have been sterilized by filtration. This came from a Berkefeld filter fed directly from the roof-tank, and a non-saccharolytic Gram-negative bacillus similar to that cultivated from one of the cerebrospinal fluids was cultivated from not only the inflow but the outflow of this filter. When the use of this water was stopped, no further cases of meningitis occurred. . . . As has recently been pointed out by Evans, there are several possible sources of contamination when meningitis follows the administration of a spinal anaesthetic. They include the anaesthetic solution itself (although this has never been directly incriminated), the instruments used, the hands of the operator, and the skin of the patient. . . . Another possible source of contamination was reported by Hewer and Garrod; ampoules of spinal anaesthetic solution which formerly had their description etched on the glass were supplied during the war with paper labels. These ampoules had been immersed in spirit to sterilize their outer surface and subsequently placed in sterile water in which the label came off. Bacteriological study showed that immersion in spirit does not sterilize a gummed label. . . . All apparatus used for lumbar puncture for any purpose should be sterilized by heat, preferably dry heat. Water used for surgical purposes and believed to be sterile is frequently not so. The use of such fluids, unless from a freshly-opened vessel which has been autoclaved, is to be condemned.” 10 references.

J. C. M. C.

George, R. H.: The Use of Single Spinal Injections for Obstetrical Anaesthesia. Permanent Foundation M. Bull. 4: 139–140 (July) 1946.

“In one hundred consecutive obstetrical patients at term, a single injection of spinal anesthesia has been used. In using the word ‘consecutive,’ we refer to those patients that arrived at the hospital not ready for delivery. The patients included primiparae and multiparae. . . . Two anaesthetics were used: procaine and pontocaine. . . . Both were equally efficacious. . . . When the patient was first admitted to the labor room, frequent rectal examinations were performed until it was ascertained that the cervix was dilating. She was then given analgesia, using scopolamine, 0.004 gram and secinal, 0.2 gram. . . . Frequent rectal examinations were continued until the cervix reached a dilatation of 7 to 8 centimeters in primipara and 6 to 7 centimeters in multipara. This allowed approximately 1 hour to 1½ hours for complete dilatation and delivery. Anesthesia was administered at the cervical dilatation already noted above. This seemed to speed up cervical dilatation, and in many cases, the second stage of labor was shortened. Relaxation of the vagina and perineal muscles such as obtained with spinal anesthesia hastened the descent of the fetal presenting part. No unusual reactions were noted during or after anesthesia. All but two patients maintained a normal blood pressure, and the two where a drop was noted immediately responded to intramuscularly administered ephedrine. No postpartum hemorrhages were noted. In the postpartum course, a number of patients complained of very mild headaches which disappeared with the use of caffeine sodium benzoate. Two patients had the true post-spinal head-