eating. . . . The disadvantages of spinal anesthesia on shocked patients more than offset its advantages. . . . When it is necessary to operate on a patient in shock, some type of regional field block, combined with inhalations of oxygen, or supplemented with gas and oxygen, or pentothal and oxygen to produce additional analgesia is the safest procedure. . . . Soldiers in the fighting line are young and robust. Under the stress and strain of war conditions they are keyed up to a high pitch which may be due to excitement, anger or fear. Under such conditions an ordinary dose of morphine may show little effect. Pentothal sodium or evipal soluble administered in these cases frequently requires an excessive dose to produce unconsciousness. . . . When an excessive dose has been used these cases sleep for a long time and need to be watched very carefully to prevent the airway from becoming obstructed.”

J. C. M. C.


“Analgesia of the external and internal nose, and the paranasal sinuses can readily be achieved by perianal block. . . . The ease and certainty with which this can be attained, the satisfactory nature of the analgesia, the absence of complications, and the popularity of the method with both patients and surgeons, justify its more extensive use.” 6 references.

J. C. M. C.


“Prompt and thorough local anesthesia for submucous resection of the nasal septum in the majority of cases can be obtained by the time-tested method of applying cotton pledges of cocaine and adrenaline to the mucous membrane of the nasal septum. Topical application of cocaine mud to the septal mucous membrane or novocain injections directly into the septum secure the same results. . . . There are, however, some noses where it is impossible to introduce any anesthetizing agent into the nostril because of a completely blocking anterior deviation of the septum which abuts up against, or is in actual contact with, the lateral wall of the nose. . . . It is for such cases that I propose a prompt acting and thoroughly efficient method of securing local anesthesia by means of an extranasal block injection of the nerves supplying the septal mucous membrane before they enter the nasal cavity, that is, by novocain injections made outside the nasal cavity. . . . Anesthesia for the septum operation is obtained with this technique by injecting novocain into both anterior ethmoidal nerves at the inner angle of each orbit, and both sphenopalatine ganglia through the mouth by way of the great palatine foramen situated just medial to the upper third molar tooth.”

J. C. M. C.


“The use of local anesthesia for cavity preparation and dental surgery is a commonly accepted form of procedure. However, the patient often returns complaining of extreme pain after the anesthesia has worn off. It is felt that it would be advantageous to prepare the patient after extractions and surgery so that he will not suffer before his next scheduled appointment, and at the same time keep swelling down to a minimum. The following is a formula of an ointment or surgical dressing which has been used for the past 2 years, as
a routine procedure following extractions and surgery. It is particularly useful in immediate dentures. It is used on and in the denture and carried to any desired area in the mouth.

<table>
<thead>
<tr>
<th>Gram</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulfathiazole</td>
<td>5.00</td>
</tr>
<tr>
<td>Procaine hydrochloride</td>
<td>.60</td>
</tr>
<tr>
<td>Eugenol</td>
<td>.15</td>
</tr>
<tr>
<td>Base q.s.</td>
<td>30.00</td>
</tr>
</tbody>
</table>

A jar is half filled with the ointment, into which is worked a yard of sterile half-inch plain gauze, to be ready when needed. Following extractions, a wick of this gauze with a liberal amount of ointment is inserted lightly into the bottom of the socket and then partly withdrawn. This leaves an area for blood clotting, and also a center wick containing sulfathiazole which combats infection. The procaine hydrochloride is gradually absorbed by the surrounding tissues, supplementing the injected local anesthesia.”

J. C. M. C.


“We have adopted as a routine method the use of nitrous oxide, oxygen, and trichlorethylene for dental extractions for children out-patients of the Cincinnati General Hospital. Our results in the series of 260 cases have been satisfactory.” 6 references.

J. C. M. C.


“Premedication is a misnomer. The nonvolatile drugs administered to the patient preoperatively are actually a part of the anesthesia. They possess definite pharmacological actions and must be administered as intelligently as any other anesthetic agent. . . . The forcible application of local anesthesia on the uncooperative patient frequently results in poor anesthesia, inadequate operating conditions, and may terminate tragically. If these anesthetic technics are to be used, the drugs administered preanesthetically should provide hypnosis, protection against the toxic effects of the anesthetic drug, analgesia, reduction of reflex irritability and amnesia. Such effects can be accomplished by using barbiturates for hypnosis and protection against the toxic effects of cocaine or similar drugs, morphine for the reduction of reflex irritability and analgesia, and scopolamine for amnesia. . . . Premedicating drugs should also be ordered prior to inhalation or other technics of anesthesia with direct reference to the particular agent to be employed. . . . In order to select the most suitable agent and technic to be used in each individual case, the anesthesiologist must first learn the requirements of the surgeon. . . . The surgeon need only state the desired requirements and the anesthesiologist is obligated to fulfill them without sacrificing the safety of the patient. Fortunately, it is now possible with the application of present day anesthetic agents and methods to achieve mutually satisfactory working conditions. In order that I may illustrate this practically, let me presume the case of a healthy 45 year old man on whom a laryngectomy or a laryngeal fissure is to be done. If the patient is adamant and refuses to have the procedure done under local or regional anesthesia, an agent must be used that will provide complete narcosis with safety for the patient and convenience for the surgeon. The surgeon may desire to use the endotherm and he wants to have room to work unhindered by anesthesia equipment and anesthetist. In this event, one could use avertin and nitrous oxide, nitrous oxide and oxygen alone, or pentothal. In any case,