

mathematical basis; conclusions were computed on the same basis. . . .

"The only completely safe procedure for the control of pain during labor is psychotherapy or hypnosis; there is some danger associated with the use of any drug, even in small doses. If an analgesic drug is to be used it is believed that small doses of nembutal only, seconal only, or nembutal and scopolamine afford a minimum amount of danger to the child with a maximum amount of relief to the mother. According to this series the use of morphine alone or in combination with other drugs is associated with a great deal of danger to the child and an unsatisfactory relief of pain in the mother. It is not believed that nitrous oxide and oxygen (with not more than 10 per cent nitrous oxide) exert any appreciable narcotizing effect upon the infant."

J. C. M. C.

WEINSTEIN, M. L., AND ADAMS, E. L.: *Further Observations on the Use of Rectal Sodium Pentothal*, *Anesth. & Analg.* 20: 229-232 (July-Aug.) 1941.

This is a report of 164 cases in which sodium pentothal was used as a basal anesthetic.

"The method and dosage is as follows: No enema is to be given for cleansing purposes for at least six hours before operation. The required amount of sodium pentothal is dissolved in 1 ounce of distilled water and is instilled into the rectum by a syringe through a catheter or by the gravity method with a funnel. The dosage rule is 1 Gm. for every 50 pounds of body weight. In addition we routinely give atropine sulphate gr. 1/150 hypodermically one-half hour before operation. We occasionally find that patients, especially those who have been receiving barbiturates over a period of time, when brought to the operating room were

merely stuporous but not unconscious. These were relatively insensible to external stimuli, and upon the administration of inhalation anesthetics the excitement stage of anesthetics was absent."

A. W. F.

LOPEZ, VARA: *Spinal Anesthesia in Infancy*, *Chirurg* 13: 141, 1941. (Reported by R. Romanus, Halsingborg in *Nord. Med.* 10: 22 (May 31) 1941.)

Excellent results in 313 patients in operations in the lower abdomen and lower extremities are reported with 0.5 per cent percaïn with a technic similar to Quarella, Keyes and McLellan. A fine puncture needle 80 mm. long and of 0.8 mm. caliber was employed. With very small children the usual needle for intramuscular injections with short-tipped tip was used for the lumbar puncture. The puncture was performed in the sitting position. For high anesthesia the interspace between L1 and 2 or 2 and 3 was used; for lower anesthesia between L3 and 4 or 4 and 5. The injection was made slowly without mixing with spinal fluid. Afterwards the patient was laid back for two to three minutes before being placed in position for surgery. The dosage depended upon age and weight; i.e., one to six months 0.25 ml, one to three years 0.45 ml, six to eight years 1 ml, eight to ten years 1.30 ml. Anesthesia occurred usually within ten minutes. Few complications were observed. A slight fall in blood pressure occurred in two-thirds of the patients, vomiting in 1 per cent. This the author explained was probably due to the less sensitive vegetative nervous system in children, since the vegetative nervous system has been recently considered responsible for such complications in adults.

H. M.