The throat and back of the tongue are painted with 2 per cent pontocaine to which has been added epinephrine 1:1000, one drop to the cc. After numbness of the throat has developed, the small Schindler tube is inserted and the mucous membrane of the esophagus is sprayed with the 2 per cent pontocaine solution. The tube is quickly withdrawn and the patient expectorates any of the solution in his mouth and upper pharynx. Five minutes after the first injection the whole procedure is repeated. It is absorbed by the upper parts of the pharynx and post-pharynx, or is expectorated. The stomach is then emptied by the use of the Ewald tube in the Trendelenburg position as described by Schindler. The patient was then placed in the left side position. . . . The tube was placed in the patient’s mouth, the end of the gastroscope introduced quickly and the patient was advised to swallow. As the patient made the movement of swallowing, the gastroscope was pushed forward. The anesthetist then inserted the needle and injected the solution into the vein intermittently until narcosis was obtained. In this series, the amount of pentothal sodium necessary to obtain narcosis varied from 7 to 13 cc., the average being 11.2 cc. The gastroscope slipped easily down through the musculus constrictor pharyngis inferior and entered the esophagus without difficulty. The patient immediately became drowsy and relaxed. The stomach was quiet. There was no retching or motions of the body to disturb the operator. Better views of the stomach were obtained more easily and quickly."

J. C. M. C.


"An original contribution by W. T. Lemmon, of Philadelphia, has applied a renewed stimulus to the search for improved spinal anesthesia. . . . The safety of spinal anesthesia has been increased almost in proportion to the reliability. . . . Our technique for fractional dosage spinal anesthesia at first followed that published by Lemmon. Later, several adjustments were made in the interest of simplicity. . . . Folded sheets placed just headward to the needle produced an elevation of about 2 inches for protecting the protruding spinal needle. By utilizing the depth of the longitudinal midline lumbar furrow and a reasonably short needle, this limited extra elevation was adequate. . . . From the first we have used a 5 per cent solution of procaine rather than the 10 per cent suggested by Lemmon. . . . Five hundred milligrams were dissolved with 5 cc. of spinal fluid, and to this was added 5 cc. of either physiologic saline or sterile distilled water. . . . We found . . . that the connection between the needle and syringe can be improvised provided high-grade, non-