

face and one hand. It is difficult to understand how the type of anesthesia could have changed the outcome of this case, since the clot apparently was dislodged by the necessary manipulation to reduce the displacement of the fracture. In fact, it may have

state of oxygenation before and during this time.

In determining the state of oxygenation of the blood, the deceptive appearance of the skin may have been the result to some extent of the damming back of blood into



The upper specimens are the two pieces of the embolus; the lower, an opened segment of the right femoral vein. These specimens had been in formalin twelve hours before the photograph was taken.

been fortunate that the patient was unconscious in that he was spared the agony of death. The leg was not manipulated until the muscles were relaxed, and the clot was so soft that very little trauma would have dislodged it.

This case may have been suitable for pulmonary embolectomy. No one present was familiar with the technic, and the idea was not entertained. The patient lived fifteen minutes after the diagnosis was made, although his tissues were in a poor

the venous system, while the blood that did pass through the lungs was oxygenated, giving a satisfactory color to the capillary bed for some twenty-five minutes. The incision permitted venous bleeding, and marked cyanosis was evident. During the last fifteen minutes, cyanosis was plainly evident in the skin.

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To the Editor of *Anesthesiology*:

On page 458 of the July issue I had an article on "Pentothal Sodium Rectally."

It states that one cubic centimeter of a 10 per cent solution should be used per 50

lb. weight. This is, of course, a mistake, and should be 5 lb. weight.

This mistake is my own; however, so many have written me perhaps it should be corrected.

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