in the usual manner before admission to the hospital, or might possibly have been due to aspiration. There were four fetal deaths, none of which could be ascribed to the anesthetic. . . . The administration of a small amount of ether by inhalation plus local perineal infiltration of ½ per cent procaine in normal saline solution makes a very suitable and efficient anesthetic combination for parturient patients." 6 references.

J. C. M. C.

FRENCH, E. A., AND DEWAN, C. H.: *Continuous-fractional Spinal Anesthesia: Preliminary Report.* Guthrie Clinic Bulletin **12**: 79–82 (Oct.) 1942.

"The method of continuous-fractional spinal anesthesia was first used at the Robert Packer Hospital in February 1942, and the technique and equipment, advocated by Lemmon in 1940, were utilized. . . . Our experience with continuous-fractional spinal anesthesia has been limited to 70 major operations. No postanesthetic neurologic sequelae have been noticed. One failure of anesthesia 'to take' was apparently due to faulty spinal puncture. The patients have shown little if any signs of toxicity from the drug. Pulse and blood pressure responses have been surprisingly good. . . . Several patients required as little as 40 mg. for a mid-thigh amputation. No fatalities occurred in this series in which the anesthetic could be considered as a contributing factor and no meningeal or skin infections at the skin puncture site have occurred. The moderate fall in blood pressure has been combated by small subcutaneous injections of ephedrine. Restlessness, if it occurred, was controlled by intravenous doses of morphine. This is but a preliminary report as the series was deemed too small to make a statistical survey." 8 references.

J. C. M. C.

GREENHILL, J. P.: *Local Anesthesia in Obstetrics and Gynecology.* West. J. *Surg.* **50**: 579–580 (Nov.) 1942.

"The great value of local anesthesia in patients who are poor surgical risks is recognized by all. . . . However, local anesthesia is most useful for the delivery of healthy pregnant women and for operations on gynecologic patients who are good risks. Therefore, it should be employed much more than it is at the present time. . . . All physicians should learn how to use local anesthesia because widespread application of it will definitely decrease the mortality and morbidity in obstetrics and gynecology."

J. C. M. C.

HESS, ELMER, AND MERSKI, A. T.: *Some Observations in the Use of Pentothal-sodium.* Urol. & Cutan. Rev. **46**: 709–714 (Nov.) 1942.

"During the past few years the use of various drugs intravenously for short painful surgical procedures has become fairly universal. . . . During the past year many surgeons, both urological and others, have been interviewed, and I have been amazed that so few know the value of one of these drugs (pentothal-sodium) as a general anesthetic. . . . Approximately 15 per cent of our prostatic surgery is done by open operation. Since many cases have been done easily and with an uneventful post-operative convalescence, it is our belief that pentothal-sodium is the preferred anesthetic at the present time. We have not had one single death in our transurethral work since using it and only one death following open enucleation of the gland. This death in no way could be attributed to the use of the drug. Our single difficulty has been a marked laryngeal irritation. This has been overcome by giving a little additional pentothal-sodium or feeding the patient oxygen. When this occurs during a transurethral prostatectomy, care must be exer-