benzoate). Local anaesthetics not allied to p-aminobenzoic acids are: cocaine, tropacocaine, encaine (benzamino); 'Stovaine,' 'Nupercaine,' 'Phenocaine,' 'Pantocain,' 'Psicaine,' 'Eceaine,' 'Elypin,' 'Apothesine,' 'Diothane,' and 'Metycaine.'" 4 references.

J. C. M. C.


"Local acting infiltration anesthetic drugs are especially safe and should be the first choice if the cooperation of the patient can be obtained and if they enable the operator to work safely. . . . Epidural anesthesia, which consists of injecting an anesthetic solution into the epidural space, is fairly safe because the solution cannot reach the brain. . . . Low-spinal anesthesia, which is one extending to below the abdomen, is being used more at present than the epidural, because of less chance of failure in its administration. As the level of anesthesia reaches into the abdomen it is considered a high-spinal, and the depressive effects become more marked. However, the beneficial effect of cases of surgery and better repair may outweigh the increased danger of the anesthetic in such cases as intestinal obstruction, resection of the stomach, or other operations requiring considerable relaxation. . . . Spinal anesthesia is beneficial if the patient is a poor risk due to respiratory infection. . . . Spinal anesthesia is contraindicated for the markedly debilitated, especially if the hemoglobin is below 50 per cent. . . . Spinal anesthesia should be avoided in cases of pernicious anemia which has produced pathological changes in the spinal cord. . . .

"If the surgical procedure does not require more than fifteen to twenty minutes and if complete muscular relaxation is unnecessary, an intravenous anesthesia injection may be used. . . . In the presence of shock intravenous injection should be avoided due to slow recovery. . . . Avertin, or tribromethyl alcohol, should be considered only as a basal anesthetic. . . . By combining small doses of several anesthetics and hypnotics, the effect of deep narcosis may be obtained without . . . toxic effect and is, therefore, suggested as the most ideal anesthesia for the majority of cases. . . . If impossible to employ a combination, as previously described, ether is perhaps the safest of the volatile agents. . . . Cyclopropane has very little toxic effect when administered in a light plane of anesthesia. . . . Nitrous oxide, which has been popularly used in the past, is now being replaced by other improved gases. . . . Ethylene is a more potent gas than nitrous oxide, and therefore a larger percentage of oxygen can be added. . . . Ethyl chloride, when used as inhalation anesthetic, must be administered with great caution. . . . Intratracheal anesthesia is being used in operations of the cerebellum, substernal goiter, mediastinal tumors, perforating wounds, intrathoracic surgery and plastic surgery on the head. It is especially beneficial when operations are performed on the patient with angina pectoris, because it enables him to obtain more oxygen if necessary. . . . The important factors to be considered in the choice of an anesthetic agent are: condition of patient, skill of anesthetist and surgeon, duration of anesthetic, depth of narcosis, and the optimum time for operation."