

BLUSGER, I. N., AND DIXON, J. H.: *Pentothal Sodium Anaesthesia for Cystoscopy*. *Lancet* 1: 111 (Jan. 23) 1943.

Although only 55 cystoscopies have so far been performed, using the method of anaesthesia described here, success of the method in all cases seems to warrant publication at this stage. The investigation was primarily conducted with a view to finding a method of anaesthesia suitable for outpatient cystoscopy. . . . In 6 c. cm. of distilled water 0.5 g. of "Pentothal Sodium" is dissolved. The patient and instruments are prepared so that the cystoscope can be passed as soon as anaesthesia is obtained, and 4 c. cm. of the solution (0.3 g. of pentothal) is injected intravenously as rapidly as possible through a no. 14 SWG needle. Needle and syringe are left in situ and the patient is asked to count; when consciousness is lost a few seconds are allowed to elapse before the cystoscope is passed. The average time taken to lose consciousness was 18 sec. from the beginning of the injection. If the patient was not completely unconscious by this time we administered the remaining 2 c. cm. of the solution, but this was rarely necessary for simple cystoscopy. Where retrograde catheterisation of the ureters was to be carried out 0.3 g. was given, the cystoscope was passed and a further 0.2 g. was injected two minutes later, as rapidly as before. . . . Full recovery was invariable within an hour, although at the end of this time some patients still complained of slight muzziness."

J. C. M. C.

SOPER, R. L.: *New Method of Administering Pentothal Sodium for a Long Period*. *Lancet* 1: 235-236 (Feb. 20) 1943.

"The principle employed here makes use of ordinary saline-drip technique, with gravity feed, the pentothal

being added by means of a syringe through a branch tube. A standard commercial intravenous saline apparatus has been employed, modified as necessary, and a dye added to the pentothal so that its presence in the apparatus can be checked visually. . . . Some 3 in. from the glass connexion between the intravenous needle and rubber tubing the tubing is cut and a glass Y piece introduced; one limb going to the saline drip, while the other is connected to a syringe containing the pentothal. The tail of the Y is attached to the glass tube carrying the intravenous needle. The syringe is fitted with a hypodermic needle; pushed over the shaft of the needle is a length of fine rubber catheter or stitch tubing, or if these are not available a length of ureteric catheter, which passes through the Y piece . . . and ends half way down the glass tube attached to the intravenous needle. The whole is rendered watertight by attaching a piece of rubber tubing to the limb of the Y piece and stretching the other end over the butt of the needle. . . .

"By employing the fine tube as a channel for the pentothal, dead space is greatly reduced and the bulk of the solution remains under perfect control in the syringe. The mixture of pentothal solution with the saline takes place where it can be observed—in the glass tube attached to the needle. To make this obvious 1 c. cm. of a solution of indigo carmine, such as is used for renal investigation, is added to each 20 c. cm. of pentothal solution. . . . Intermittent dosage is to be preferred to continuous administration of a weak solution."

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JOHNS, W. S.: *Intravenous Anaesthesia*. *Canad. M. A. J.* 48: 222-228 (Mar.) 1943.

"Along with serial spinal anaesthesia and the introduction of cyclo-