

tion. . . . 4. As a supplement to the other anaesthetic agents. . . . 5. . . . It would seem to be one of the safer anaesthetic agents to use in cases of diabetes mellitus. . . . 6. Miller and Tovell point out the value of sodium pentothal in the estimation of the prognosis of neurosurgical intervention for the relief of symptoms of Raynaud's disease or essential hypertension. . . . 7. Therapeutic anaesthesia in psychotherapy . . . is probably one of the newer uses of intravenous anaesthesia particularly in relation to sodium pentothal. . . . 8. Control of convulsions. . . . 9. . . . Where analgesia only is desired, without the production of unconsciousness such as where local or spinal anaesthesia is waning or where the patient is apprehensive, morphine sulphate by vein serves a very useful purpose. . . . Morphia by vein is also very useful, both preoperatively and postoperatively, in cases of toxic hyperthyroidism. Sodium pentothal also is valuable in these cases." 11 references.

J. C. M. C.

HEWER, C. L.: *Trichlorethylene*. M. Press 208: 395-397 (Dec. 16) 1942.

"Trichlorethylene stands a better chance than most drugs of being judged on its intrinsic merits and demerits, as it is stable, cheap, easily prepared, non-inflammable and can be used with existing apparatus or with an extremely simple vaporizer."

J. C. M. C.

MARSTON, A. D.: *Two Clinical Cases and a Description of Trichlorethylene*. Guy's Hosp. Gaz. 57: 30-33 (Feb. 6) 1943.

"In two recent cases routine anaesthesia was deemed unsuitable. One was a man of eighty with an acute abdomen, and the other was an infant of twenty days requiring circumcision. . . .

"Case I.—Male, aged eighty years. History.—A few hours before operation he was seized with sudden abdominal pain and suffered a certain degree of collapse. . . . He was given omnopon, gr. $\frac{1}{3}$, to relieve pain, and was prepared for laparotomy. . . . Atropine, gr. $\frac{1}{400}$ was given, and induction was carried out with nitrous oxide gas and oxygen. . . . As an adjuvant, trilene was added, and then a little ether to a mixture of nitrous oxide 50 per cent and oxygen 50 per cent, thus securing adequate oxygenation and muscular relaxation. . . . The patient stood the operation well and made an excellent recovery. Some ten days later, however, a fresh abdominal crisis occurred and he succumbed to a fatal collapse.

"Case II.—Infant, aged twenty days, breast-fed and in perfect physical condition. As the operation was timed for 9 a.m., the usual feed was given at 6 a.m., atropine, gr. $\frac{1}{2000}$, being injected subcutaneously at 8:30 a.m. . . . An open mask was used with a single layer of flannel, and chloroform was given in slow drips during the first minute, after which ether was dropped on until the light plane of the third stage was gradually reached. A small airway was then introduced, the mask removed, and a gentle stream of oxygen and warm ether given. The whole face was under constant observation, and only small amounts of ether were used during the sixteen minutes which the operation took to complete. . . .

"Trichlorethylene is a colourless fluid with an odour similar to but less pungent than chloroform, and is not very volatile, having a boiling point of 87 deg. C. and a specific gravity of 1.47 at 15 deg. C. The drug is liable to decompose if exposed to strong sunlight and should, therefore, be stored in amber-coloured bottles. This tendency to decompose is reduced if 0.01 per cent. thymol is added. The