

250 cc. separatory funnel and 2 cc. of a solution of crystalline sodium dihydrogen phosphate (1 gm. per cc.) were added. This mixture was thoroughly shaken and allowed to stand for at least 15 minutes. Four extractions were then carried out with technical ethyl ether as follows: 100, 50, 25 and 25 cc. The mixture was allowed to settle each time and then decanted into another 250 cc. separatory funnel. The color of the extract is yellow-brown and must be cleared by washing three times with 5 cc. of 0.5 M sodium bicarbonate, care being taken to allow for complete separation. The ether extract is now a very pale yellow color. It is filtered through ordinary filter paper into 500 cc. beakers and evaporated slowly over a water bath to approximately 35 cc. It is then transferred to 50 cc. volumetric flasks and made up to volume with ether. The results are read against a blank extract of normal blood. The blank is first read against ether and then adjusted to 100 per cent transmission by means of a vernier resistance in series with the galvanometer. The final reading must be multiplied by 2.5 to correct the dilution. The entire extraction is quite rapid and simple, but great care must be exercised to have absolutely clean glassware. In addition, the evaporation of the ether extract must be carried out slowly and not allowed to proceed too far toward dryness. Furthermore, as ordinary stop-cock grease will absorb ultraviolet light in the range used, it is necessary to employ a mixture of glycerol and bentonite, insoluble in both ether and water. . . . The method gives approximately 90 per cent recovery when tested against known amounts of pentothal added to blank blood." 4 references.

J. C. M. C.

LANCASTER, BLAKE: *Intravenous Anesthesia*. J. Florida M. A. 29: 477-479 (May) 1943.

"I have found intravenous anesthesia to be most pleasant and safe. It is admirably suited to minor work and is a marvelous adjunct to major surgery. It should be used carefully by experienced men in a hospital where adequate recovery time is available (about six hours), and respiratory stimulants and oxygen are at hand."

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KNIGHT, R. T.: *Spinal Anesthesia—Important Principles*. Minnesota Med. 26: 346-348 (Apr.) 1943.

"Trauma to nerve roots and spinal cord can be best avoided by making a perfect mid-line puncture. . . . The needle, after being tested, should then be handled without bending and inserted horizontally, and as slowly as it is possible to make anything move, until its point passes through the resistance of the ligamentum flavum and then of the dura. . . . The recognized strengths of the solutions of the various drugs, as they exist in the syringe before injection, and above which one cannot raise them without danger, are as follows: procaine, 5 per cent; metycaïne, 5 per cent; pontocaine, 0.5 per cent (1-200); nupercaine, 1-1500. I do not believe one is justified in ever increasing these strengths. . . . Lundy has for years advocated the injection at the rate of 0.5 cc. per second, and this method has proven very satisfactory in the hands of all who have used it. Undoubtedly a considerably faster rate can be used with safety. Control of the height of anesthesia . . . is managed by varying the site of injection, the amount of solution injected, the specific gravity of the solution and the position of the patient after injection. . . . Considerable fall in blood pressure is dangerous, especially in the