

stretic practice. . . . Before we can completely accept this new remedy, it will have to be tried by competent observers in many clinics."

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BRENTNALL, C. P.: *Local Anaesthesia in Vulval and Vaginal Surgery*. J. Obst. & Gynaec. Brit. Emp. 50: 226-232 (June) 1943.

"The term 'local anaesthesia' is used in its widest sense, and includes the procedures sometimes referred to as 'regional anaesthesia,' 'field block,' and 'nerve block.' The anaesthetic used has been Novutox, a proprietary preparation containing a solution of Procaine with epinephrine in Ringer's solution, and also quinine derivatives and thymol. . . . It has been used in various dilutions from $\frac{1}{2}$ to 1 per cent of Procaine with almost equal success. . . . The total amount injected in this series has rarely exceeded 40 cc. in a single operation. . . . It is obvious that the technique of local anaesthesia for gynaecological surgery of the vulva and vagina will vary considerably from case to case. . . . If a comparatively small area (such as the labia) receives sensory nerve fibers from a number of nerves, it is both easier and more successful to infiltrate the tissues with the anaesthetic than to attempt a block of each individual nerve. But when a large area (such as the vagina) receives its nerve supply from a single nerve or nerve plexus, it is preferable to block the nerve rather than infiltrate the tissue. . . . The question of premedication of patients about to undergo operation is debatable. . . . Morphine, together with scopolamine, has given the best results. . . . The contra-indications to the use of local anaesthesia may be classified under three headings: 1. Acute inflammation. . . . 2. Anatomical obstruction to the site of injection. . . . 3. Pathological obstruction to the

site of injection. . . . With the exception of those exhibiting one or other of the above contra-indications, a small and almost negligible list, it may be said that any vulval or vaginal operation may be completed with success under local anaesthesia with one exception, namely, excision of the vulva. It has been found that excision of tissue down to the fascia covering the pubes and deep to the clitoris is painful, and success is not claimed. . . . Although I have used this technique for every vulval and vaginal operation that is included in my practice of gynaecology, only once has it been necessary to administer a general anaesthetic." 5 references.

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HOENIGSBERGER, F.: *Collapse under Pentothal Sodium Anaesthesia*. *Lancet* 2: 14 (July 3), 1943.

"A miner, aged 40, of spare build, was admitted in the early hours of the morning with a compound fracture of the tibia and fibula and, in addition, a fracture of the neck of the femur. . . . A smooth induction was obtained with 3 c.cm. of a 5% solution of pentothal sodium. After a short pause, a further 5 c.cm. of the same solution was injected more slowly and it was found that narcosis was still fairly light, the respiratory excursions being good. A further 4 c.cm. was injected slowly after a short interval, while the operation was being begun. At this stage, 10 minutes after the start of the injection, pallor appeared suddenly and respiration ceased abruptly. The pulse was found to be very weak, fast and irregular in time. Artificial respiration with pure oxygen by means of a rebreathing bag was started without delay and satisfactory chest expansion was obtained through an oral airway. The pupils were contracted at this stage. After 3 minutes there was no spontaneous attempt at respiration and