

was light throughout the operations: and in each case the period of recovery was long enough to cause anxiety and to deter me from choosing trilene for similar cases in future. . . . In view of these experiences it seems that the uses of trilene as a safe anaesthetic are limited. It seems unwise to permit saturation of the patient with this agent whether by a short administration of sufficient depth to produce abdominal relaxation or by longer administration in the first plane. This precludes the use of trilene in any but a supplementary rôle except in brief operations where first plane anaesthesia suffices. The long period of recovery and the occasional interference with the tidal volume render its use undesirable in thoracic surgery, and in any but the shortest of operations upon any part of the respiratory tract."

J. C. M. C.

GALLEY, A. H.: *Trichlorethylene Anaesthesia by the Single-dose Method*. Proc. Roy Soc. Med. 36: 462-463 (July) 1943.

"The use of trichlorethylene by the new method was quite fortuitous and was due to the fact that at one time vinyl-ether had been in short supply thereby compelling the speaker to search for an alternative agent. . . . Two similar pieces of apparatus had been used: the Goldman inhaler and its Oxford modification. . . . 1.5 cc had proved adequate for dental extractions but for the guillotine tonsillectomies larger quantities had proved necessary, i.e. 3 cc. for children up to 5 years of age and 5 cc. for older children. . . . Single-dose trichlorethylene anaesthesia closely resembled single-dose vinyl-ether administration, owing, no doubt, to the similarity in the apparatus employed. Salivation was usually absent or at worst much less evident than when using vinyl ether. It shared with vinyl ether that lack of anoxaemia

(with its consequent venous congestion) that was such a drawback when operating under nitrous oxide anaesthesia. Laryngeal spasm appeared non-existent, in dramatic contrast to ethyl chloride and those cases under vinyl ether where saliva inadvertently gravitated on to the vocal cords."

J. C. M. C.

HEWER, C. L.: *Further Observations on Trichlorethylene*. Proc. Roy. Soc. Med. 36: 463-465 (July) 1943.

"My previous paper on trichlorethylene read . . . a year ago was based upon 400 administrations. Since that date, the drug has been used extensively at Hill End Hospital and my colleagues . . . and I have given it upon over 3,700 occasions, so that more extensive data are now available. . . . Further experience has confirmed our previous observations that blood-pressure changes are negligible, but that capillary oozing from cut surfaces is definitely less than with ether. . . . Two mild cases of convulsions have been recorded. Both recovered spontaneously. . . . The presence of acetone in the urine is commoner than I had previously supposed. . . . From the large number of administrations now made, I think we are justified in saying that, within its known limitations, trichlorethylene is a useful agent in the production of general analgesia and anaesthesia." 8 references.

J. C. M. C.

GRAVES, J. R.: *Preliminary Study in the Use of Continuous Caudal Anaesthesia*. J. Florida M. A. 30: 148-150 (Oct.) 1943.

"In January of this year . . . I tried the use of continuous caudal anaesthesia in several obstetric cases. . . . The technic I use [is that], developed by Hingson and Edwards. . . . I have used this type of anaesthesia only on