

ETHERINGTON-WILSON, W.: *Specific Gravity of the Cerebrospinal Fluid with Special Reference to Spinal Anaesthesia*. Brit. M. J. 2: 165-167 (Aug. 7) 1943.

"The sp. gr. of the c.s.f. was tested in 314 consecutive cases, at all seasons of the year, during seventeen months, a great variety of individuals being represented. Specific gravity beads, carefully tested and cared for, were used for the purpose. . . . The specific gravity of the cerebrospinal fluid at normal body temperature remains between 1.004 and 1.003, and is nearer 1.003. . . . The usual pathological states of the c.s.f. which may be met with can be ignored when spinal nerve-block is contemplated. Much more so is this the case in the healthy subject. In an experience of over 1,500 spinal anaesthetics by my timing technique there has been no case of loss of control of the ascending hypobaric solution (nupercaine and spinocaine). It has therefore not been any surprise to find that the sp. gr. of the c.s.f. varies in but small degree." 2 references.

J. C. M. C.

LEE, J. A.: *Serial Spinal Analgesia*. Lancet 2: 156-157 (Aug. 7) 1943.

"In a series of 105 cases . . . 5 per cent procaine in 5 per cent glucose was injected into the spinal theca in serial doses. The technique . . . requires a specially built mattress for the operating table with part cut out beneath the lumbar spine. The lumbar-puncture needle remains in the back throughout the operation and is connected to the syringe containing the analgesic drug by rubber tubing. . . . Results have been good."

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GOULD, R. B.: *Anaesthesia for the Badly Wounded*. M. Press 210: 151-153 (Sept. 8) 1943.

"The anaesthetic agent selected must fulfil certain conditions, which

are applicable to war as well as peace. Thus, the agent must provide good operating conditions for the surgeon; it must not increase anoxia, and must therefore be potent in an atmosphere rich in oxygen; it must provide rapid induction and recovery without excitement; it must be easily controllable, so that depth of anaesthesia may be continuously adjusted to the requirements of the surgeon; it must not increase heat and fluid loss; it should not require complicated apparatus; it must be safe in the hands of the non-expert. Since shocked patients often require relatively little anaesthetic, great care must be taken to avoid overdose. . . . Nitrous oxide-oxygen . . . is only mentioned because it is usually described as the safest anaesthetic agent, a view with which the writer does not concur. . . . Far from being the safest, it is, in the writer's opinion, one of the most dangerous of anaesthetic agents, since there is considerable evidence that permanent damage and even fatal effects may result from its use. . . . Ether, on the other hand, is one of the most potent, as well as one of the safest, anaesthetic agents known. . . .

"Among the precautions which must be taken when [pentothal sodium] is used are the following: (1) The use of a dilute solution. . . . (2) Very slow injection through a narrow-bore needle. . . . (3) Shocked patients often require very little anaesthetic, and no standard amount can be named. (4) As soon as the desired effect is attained, an airway is inserted. . . . (5) If the operation is a lengthy one, the administration of 50 per cent nitrous oxide-oxygen mixture will result in a smooth anaesthesia, a pink patient, and will reduce the amount of pentothal necessary to maintain anaesthesia. (6) The needle being retained in the vein, 1-2 cc. of pentothal solution are given from time to time. After the first few minutes the amount neces-