

sulfonamide compounds is used. If evidence of hepatic damage is manifest before chloroform must be administered, it would appear from the experiments of Machella and Higgins that sulfanilamide may be given with safety and even with assurance that it will exert some protective action on the already damaged liver. Although our present experiments indicate that sulfanilamide has a protective action against damage to the liver from inhalation of chloroform, we wish to state emphatically that it should not be construed from this that we are endorsing chloroform as the anesthetic agent of choice for wounded men. We wish merely to present evidence of a possible means of protecting the liver against the damage from chloroform when, in certain emergencies, it is considered that this anesthetic agent must be used." 3 references.

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"The first essential to success is a thorough examination of the patient. . . . As basal narcotics the most popular are pentothal sodium, avertin and paraldehyde. Pentothal is the most valuable of all of the anaesthetic agents, but it cannot be too strongly emphasised that, owing to its very potent and rapid action together with its marked respiratory depressant effects, its use should be confined to those who are familiar with the principles, theory and practice of anaesthesia. . . . All operations upon the limbs, with the exception of the larger amputations, can be efficiently anaesthetised with omnopon-scopolamine, followed by pentothal, or pentothal, nitrous oxide and oxygen. . . . For operations upon the thyroid gland there is nothing to equal avertin . . . preceded by a maximum dose of

omnopon gr. 1/3 with scopolamine 1/150 and followed by nitrous oxide-oxygen. . . . With regard to inguinal herniorrhaphy, when the removal of the sack only is necessary, pentothal-nitrous oxide-oxygen will fulfil all requirements, but when a definite repair is to be undertaken complete relaxation is essential. This can be effected by avertin-nitrous oxide-oxygen, with the addition of a small amount of either trichlorethylene or ether. . . . Provided the patient's condition is not too toxic, spinal anaesthesia is definitely indicated in cases of strangulated herniae and not uncommonly reduction follows the injection. . . . For tonsillar enucleation when due heed is paid to haemostasis, compassionate anaesthesia is best effected by avertin-nitrous oxide-oxygen-trilene administered through the medium of an endotracheal tube passed nasally. . . . Operations in the anal region demand deep narcosis, and a caudal block with light percaïne followed by nitrous oxide-oxygen fulfils all requirements. . . .

"For high abdominal operations, or prolonged, surgical procedures, or those operations which result in severe shock, or when the patient is suffering from some pulmonary lesion, the writer is definitely in favour of pentothal-light percaïne spinal-nitrous oxide-oxygen. . . . For short, low abdominal operations, such as appendicectomy, avertin-nitrous oxide-oxygen with a minimal quantity of trilene or ether is quite satisfactory, but a difficult retrocaecal appendix in a robust subject does better with a spinal anaesthetic.

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McNEARNEY, JOE: *Continuous Spinal Anaesthesia*. J. Missouri M. A. 21: 348-349 (Nov.) 1943.

"Continuous spinal anesthesia is a controllable anesthesia. There is no

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