technic is an extremely valuable asset in those instances in which time and equipment are necessarily limited.”

J. C. M. C.

Nammack, C. H., and Finck, Mary: Clinical Study of One Hundred and Sixty-five Cases in Which Sodium Ethyl was Used as an Hypnotic and Sedative. New York State J. Med. 44: 1124–1125 (May 15) 1944.

“The purpose of this study was to determine the hypnotic and sedative effects of sodium ethyl. This product offers the combination of a quick-acting and a slow-acting drug. . . . One hundred and sixty-five patients with varying diagnosis in the wards of the Fourth Medical Division, Bellevue Hospital, exhibiting many degrees of nervous and mental excitation, were given the drug, and its immediate, late, and later effects were studied. . . . It would appear from our study that in sodium ethyl one has a sedative and hypnotic that is effective in producing sleep rather promptly upon the administration of one capsule. . . . As in most medications of this type, the individual reactions of different patients vary, and it is doubtless a fact that a small number of patients may need a larger or a repeated dose. The duration of sleep would also be determined by the underlying disease, as those suffering from pain and respiratory embarrassment, such as the cardiae, are more likely to be wakeful than the other patients. While a number of the patients were moderately drowsy the following day, none presented any evidence of mental confusion, ‘hang-over,’ or other untoward symptoms.” 12 references.

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“At the Battalion Aid Station very little surgical treatment is available. . . . A limited supply of ether and ethyl chloride and some procaine and epinephrine tablets for preparing a solution of local anesthesia are available. It is amply supplied with morphine. Since it is generally believed that severe pain is one of the factors producing primary shock, the importance of controlling pain at the earliest possible opportunity cannot be overemphasized. This may be accomplished by intravenous injection of morphine sulphate. . . . Additional comfort may be obtained for the casualty by the judicious use of local or block anesthesia. Intracaine has an anesthetic action of approximately three hours. It has the most prolonged action of any of the safe local anesthetics and is compatible with the sulpha drugs. . . . The first opportunity for definitive surgical treatment arises when the casualty is brought in contact with a mobile surgical unit or the Evacuation Hospital. . . . The selection of the anesthetic agent to be used in the combat zone is influenced by numerous factors. Supply facilities make it essential to eliminate everything except bare necessities. In the fixed hospitals, adequate choice of agents and methods is usually possible. . . . Proper treatment of shock prior to starting an anesthetic for a major operation is essential. . . . In general, it is preferable to use an anesthetic agent that will not delay evacuation of the casualty, and one from which recovery of consciousness is rapid. The utilization of a room where unconscious postoperative cases can be segregated until it is safe to leave them alone will assure more efficient care during this period and conserve personnel. Essential equipment, such as suction apparatus, carbon dioxide, oxygen, air ways, stimulants, etc., should be kept available in this recovery room.