

A cool storage place for the ether would be adequate if refrigeration is not available. . . .

"For cases of maxillo-facial surgery or any surgery on the head where a clear operative site was required, and also for prolonged cases of spinal fusion in the prone position, a device was made to get the cone away from the field of operation. An endotracheal tube was inserted after induction and the end of the endotracheal tube was attached to another piece of metal tubing of sufficient diameter and this was in turn soldered to an inverted large ether can with its bottom removed. The ether can was cross-hatched with several strands of wire half way down. Thus, the ether can served as a cone with the wire mesh as a supporting shelf for the gauze to be saturated with ether. Satisfactory results were obtained by this method and there was no tendency towards any accumulation of carbon dioxide. . . . A special back-lifting rest made of wood was constructed for continuous spinal anaesthesia. This simply constructed apparatus was placed beneath the patient while he was lying on the operating table, with a sufficiently large aperture on the side and top of this lift to permit the manual adjustment of the spinal needle. Since no flexible, silver spinal needle was available, and also since most of the cases requiring this type of anaesthesia were Chinese patients, who were generally of uniformly small frame, the average depth from the subarachnoid space to the surface of the skin was taken and a regular spinal needle was shortened and its point beveled. Thus, when in place, the hub of the spinal needle would be practically flush with the skin of the patient's back. . . . A long piece of rubber tubing was attached to the intake manifold at the site of the windshield wiper connection on one of our hospital ambulances. The vehicle was parked close to the hospital window

and with its motor running various amounts of suction could be obtained, sufficient for any type of need."

J. C. M. C.

BODDINGTON, G. D. M.: *The Use of Pentothal Sodium in an Army Anaesthesia Service*. *Canad. M. A. J.* 51: 312-316 (Oct.) 1944.

"Pentothal sodium has gained a deserved popularity in Army anaesthesia practice. . . . In some forward areas it has been practically the only form of anaesthesia employed. . . . This paper, which describes intravenous anaesthesia in a Canadian camp hospital, cannot claim such a high percentage of use. Our figure is approximately 35% of all anaesthetics administered. . . . The drug is becoming well-known among the troops and they, in turn, are telling their families and friends of their experiences. It follows that the use of pentothal may be expected to increase after the war. . . . At Camp Borden Military Hospital the majority of the cases are similar to those seen in routine civilian hospital practice. . . . Our technique is simple and is based on precedence and personal experience. A preoperative sedative consisting of morphia, gr.  $\frac{1}{4}$ , and atropine, gr.  $\frac{1}{150}$ , is given three-quarters to one-half hour prior to operation. . . . The 5% solution has been used in almost all cases. We have seen no phlebitis or discomfort following its administration. In one case an abscess developed at the site of injection where the solution had inadvertently been directed outside the vein. Our apparatus consists of simply the syringe and needle. . . . At the beginning of the anaesthetic, an injection of three cc. is made. The anaesthetist then chats quietly to the patient or instructs him to count. Thirty-five seconds later, an additional two cc. are added. At least thirty seconds elapse between each injection. Additional oxygen is always kept close at hand. The small portable

Heidbrink machine is at the scene of every administration. In certain cases a laryngoscope and endotracheal catheters are prepared for immediate use. These consist of cases where bleeding or exudates might appear within the mouth. . . . We feel that the supply of oxygen standing nearby gives a sense of security in much the same way as an insurance policy or a comfortable bank balance. . . . We have accepted as contraindications to the use of pentothal sodium such conditions as impaired pulmonary ventilation, respiratory obstruction, and liver disease. We never use pentothal alone for abdominal operations. . . . Complications with pentothal sodium are so rare as to be individually remembered. . . . The complication we have noticed most often is coughing. This may occur in husky individuals with emphysematous chests, hoarse voices and other signs of heavy smoking or chronic pulmonary disease. It may occur too, where the preoperative atropine has not been given. . . . The field of narcoanalysis is one where Army anaesthesia practice may differ from that encountered in civilian life. . . . All the patients for this type of investigation are carefully chosen by the psychiatrist. . . . No preanaesthetic sedative is used. No meals are withheld. A solution of 2½% pentothal sodium is prepared. The patient is placed in a quiet room and pentothal is administered by an anaesthetist. This has been the procedure followed at Camp Borden. By doing this the psychiatrist is free to devote all his attention to the patient."

J. C. M. C.

DODEK, S. M., AND KATZMAN, SOLLIE: *Pentothal Sodium as a Rectal Anesthetic during Labor*. Med. Ann. District of Columbia 13: 325-327 (Sept.) 1944.

"This presentation is a short preliminary appraisal of a newer role for

pentothal sodium in obstetrics. . . . In our persistent desire to make labor as painless as is safely possible for each patient we have been aware that there is a group of women who due to certain circumstances do not get as much relief from their suffering as we believe they deserve. They are that larger group of multiparae and a much smaller group of primiparae whose labors are rather rapid and who enter the hospital one or two hours before actual delivery, having frequent painful contractions with the cervix well dilated and obliterated. The usual rule used to be to order enemas and then after that procedure to administer orally one of the barbiturates. However, the contractions came so close together that the patient was often unrelieved. When the commonly used rectal medications were administered in these cases they were retained, if at all, with great discomfort due to their bulk and the pressure of the presenting part in the pelvis. . . . We have found to our great satisfaction that pentothal sodium when administered rectally to these patients gives almost instant relief. Using 1 gram to each 50 pounds of body weight dissolved in 15 to 20 c.c. of tap water, this drug is administered into the rectum by the gravity method through a small catheter, or forced with the aid of a bulb syringe. No sterile technic is required. . . . Sleep or unconsciousness overtakes the woman in from 5 to 10 minutes in spite of tumultuous pains. Restlessness is immediately overcome, as well as any boisterousness. This state persists from 60 to 90 minutes, at which time most of these patients are ready to be delivered. The general anesthetic then consists of a higher-than-usual oxygen concentration with ethylene. . . . At the Garfield Memorial Hospital one of us (S. M. D.) has followed this method when indicated in 101 of his own obstetric cases, of which 13 were primi-