

inge. A boiled syringe is used and with its needle is carefully cleansed by repeated aspiration of sterile water between each case. . . . The longest time a bulk solution has been in use is 16 days. In this time no loss of potency has been observed, and only the faintest cloudiness has appeared in the solution. All the anaesthetics conducted with the solution have been satisfactory at the time and postoperatively. A sample of the solution left over after 16 days remained sterile after a week's incubation. . . . Washings of sterile water from a syringe used for the whole of a morning session in the theatre gave no growth of pathogenic organisms on 14 days' incubation."

J. C. M. C.

KENNEDY, R. L.: *Pentothal Sodium Anesthesia*. J. M. A. Georgia **33**: 327-330 (Nov.) 1944.

"During the past three years we have employed the intermittent intravenous administration of pentothal sodium for anesthesia in more than 4,000 operations. These operations have consisted of both minor and major procedures and the period of anesthesia has varied from five minutes to two and one-half hours. No deaths attributable to the anesthetic agent have occurred in this series. A 2.5 per cent solution of pentothal sodium is used. . . . Preoperative sedation is generally recommended and used prior to intravenous pentothal sodium anesthesia. It is our usual practice to administer one 1½ gr. nembutal capsule at bed time on the night preceding the operation. . . . The dose of nembutal is repeated on the morning of the operation one or two hours prior to the scheduled time of operation. One-half to one hour before transfer to the operating room a hypodermic injection is given of a solution containing morphine sulfate gr. ¼, atropine sulfate gr. ¼₅₀ and strychnine sulfate gr.

¼₆₀. . . . In addition to using pentothal sodium or pentothal sodium-oxygen as the sole anesthetic for minor and major surgery we have used pentothal sodium for induction of anesthesia to be maintained by ether and have found light pentothal sodium anesthesia a valuable supplement and complement to spinal anesthesia. We have also employed pentothal sodium administered rectally for basal anesthesia in children with excellent results."

J. C. M. C.

NARAT, J. K., AND GIRALDI, ERNEST: *Intravenous Anesthesia in Major Surgery: Use of One Per Cent Solution of Pentothal Sodium*. Am. J. Surg. n.s. **66**: 178-181 (Nov.) 1944.

"A critical analysis of intravenous anesthesia with the short-acting barbiturates shows that this method represents an outstanding advance inesthesiology. . . . On account of variations in individual tolerance, the originally recommended injection of one calculated single dose was replaced by the intermittent mode of administration of fractional doses of a 5 per cent or 2½ per cent solution. However, three disadvantages of the intermittent method may be pointed out: First, clogging of the needle may occur since the solution is not flowing continuously. . . . Second, the intermittent mode of intravenous administration of an anesthetic may be compared with driving a car by stepping on the accelerator from time to time, instead of exerting a steady pressure on it. It is obvious that it is more difficult to maintain a uniform level of anesthesia with an intermittent method than it is with a continuous drip. Third, the anesthetist must manipulate the apparatus at frequent intervals while injecting the anesthetic solution and does not have both hands free for administration of oxygen, recording the