

the initial dose has produced a satisfactory effect, no further curare is added until just before the peritoneum is to be closed. If the anesthetic agent is ether or pentothal sodium I feel that the more conservative dosage is indicated. During the last twelve months my associates and I have used curare with both ether and pentothal sodium for a variety of operations. . . . The amount of ether or pentothal sodium necessary is reduced 50 per cent or more, with excellent relaxation in most cases. Amounts of curare in excess of 5 cc. (100 mg.) have not been employed for any one operation. I have been particularly interested in the intravenous use of curare with pentothal sodium. . . . This combination has not been administered for abdominal operations but it has been used satisfactorily in other fields; for example, in direct laryngoscopy (suspension laryngoscopy). . . . The use of curare as an aid to relaxation in anesthesia is still in its infancy and its administration should continue to be tempered with caution until our experience and knowledge of its effects with various anesthetic agents is more mature." 4 references.

J. C. M. C.

CYRILLA, SISTER M.: *Continuous Drip Pentothal Sodium with Supplementary Anesthesia*. J. Missouri M. A. 42: 694-697 (Nov.) 1945.

"For administration of continuous drip pentothal a 1 per cent solution is prepared by dissolving the contents of a one gram ampule in 100 cc. of sterile warm normal saline. . . . To the Kaufman syringe is attached a 1½ inch needle. The venipuncture is made, preferably using a vein in the antecubital fossa. The shut-off clamp is adjusted so that the Murphy drip will deliver a fairly rapid flow, usually about sixty drops per minute. During this time the patient is encouraged to

talk. Consciousness is lost quite rapidly in from one half to one and one half minutes. Onset of anesthesia is manifested by a yawn, sigh, slurring speech, small pupils, relaxation of the jaw, loss of conjunctival reflex and a quiet shallow respiration. The average induction dose is about 25 cc. or approximately 0.25 gram. The remaining solution in the salvarsan tube is then diluted to 0.5 per cent by adding an equal amount of normal saline. The rate of flow is reduced to a slow drip, usually from twenty to twenty-five drops per minute, and varied according to the needs of the individual patient and the amount required to maintain a smooth level of anesthesia. Using the Bullowa hook, oxygen is started at the rate of from 4 to 5 liters per minute. . . . It must be kept in mind that a patent airway be maintained at all times. Care must be taken that the airway is not inserted too soon so as to prevent any laryngeal irritation. . . . The maximum dosage of pentothal sodium with the drip technic has been 2¾ grams given over a period of three hours, and the minimum, ¼ gram, in one case lasting twenty-five minutes. . . . Pentothal sodium by the continuous drip method of 0.5 per cent solution produces very satisfactory narcosis in continuous spinal anesthesia, in which the time factor often proves quite uncomfortable to the patient. There is usually a slight drop in the blood pressure on induction with a corresponding rise in the pulse rate, both of which return to the normal level after maintenance is established." 3 references.

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HAND, J. P., JR.: *An Analysis of the Use of Pentothal in Seven Thousand Four Hundred Anesthetics*. M. Ann. District of Columbia. 14: 496-500 (Nov.) 1945.

"From mid-November 1943 until January 1945 9,779 anesthetic pro-