Operations that have been painlessly performed by the author under 'Trilene' Auto Analgesia are: Preparation of cavities for filling; removal of fillings in periostitic teeth; opening up of pulp chamber in periostitic teeth to allow drainage; opening of abscess in soft tissues; deep scalings; removal of pulps from single-rooted teeth; dressing of painful sockets after extractions. No doubt there are many other uses to which 'Trilene' analgesia can be put."

1 reference.

J. C. M. C.


"In patients requiring thoracic surgery there is usually a diminished vital capacity which is nearly always further reduced when they are placed in position for operation with the sound lung lowermost. Any anaesthetic or technique which tends to cause further embarrassment is therefore debarred. . . . A trial with soluble thiopentone as the sole anaesthetic was started two years ago. . . . The main anxiety arose from the fact that the dose of thiopentone required to produce a successful anaesthesia lay very near the toxic level. Too often a delayed recovery offset the obvious advantages of the technique. Then an opportunity was offered by Imperial Chemical (Pharmaceuticals) Ltd. for the clinical trial of 'Kemithal,' which soon proved to have many advantages over the other barbiturates. Laryngeal spasm was notably absent, jaw relaxation was extremely good, and respiration was not so depressed, yet controlled respiration with oxygen alone in a closed circuit was easily possible in most cases. For these reasons it was obvious that the anaesthetic dose was well below the toxic dose. More than 300 major thoracic cases have been anesthetised, up to date, with kemithal, and a routine technique for its administration has been worked out. . . . "Induction is carried out by the injection of a 10% solution of kemithal. . . . The amount varies between 0.75 and 1.5 g., according to the requirements of the patient. If more than 2 g. is required the patient probably has a natural resistance to the drug, and experience shows that it is better to continue the anaesthesia by some other method. . . . Anaesthesia is maintained by the intermittent injection of 0.1 g., as the reaction of the patient to surgical stimuli demands. A lightening of the anaesthesia is heralded by an increase in pulse-rate, deepening and increase in respiratory rhythm, and a return of the cough-reflex; this if allowed will pass on to swallowing, incoordinated movements, and actual phonation. . . . In a long operation, when the dose of kemithal has reached 4.5 g., it is preferable to maintain anaesthesia with minimal cyclopropane rather than continue with the intravenous barbiturate. . . . Recovery is rapid, the postoperative condition of cases is consistently good, and vomiting and restlessness are rare. The use of d-tubocurarine chloride in conjunction with kemithal in 40 cases has produced promising results."

J. C. M. C.


"It is often desirable to prolong the transient effect of a local anesthetic over a longer period of time. . . . Oily solutions have various disadvantages. . . . In order to overcome these disadvantages, and yet to obtain a prolonged anesthetic action, the following course was pursued: In contradiction to the oily solvents mentioned above, water-miscible organic solvents were used only. Instead of the water-soluble salts of the procaine series, the base