

the breast. It is based on a comparative study of two groups of cases. The first group consists of four radical mastectomies performed under Pentothal Sodium alone. The second group consists of six radical mastectomies performed under Pentothal Sodium and supplemental intercostal novocain block. . . . All novocain blocking is carried out by the surgeon via a trans-incisional approach after the incision has been made. By this method the surgeon may place the novocain solution strategically, precisely and visually. . . . The patient is carried into a light third stage of surgical anesthesia with Pentothal Sodium, which permits a skin incision to be made. In this study the drug was administered in a 1 per cent solution according to the fractional drip method. . . . With the fingers of the left hand identifying each rib successively from the eighth or ninth upward to the fourth, a needle is advanced under the lower border of each rib until it penetrates the compartment between the external and internal intercostal muscles in which each intercostal nerve runs, and here 2 or 3 cc. of a 1 per cent solution of novocain is deposited. The axilla is then dissected sufficiently to expose the upper four ribs and to identify and protect the axillary vessels and nerves, following which the four upper intercostal nerves are similarly novocainized. The deposition of novocain should be made posteriorly to the mid-axillary line, which is the point of emergence of the lateral cutaneous branches of the intercostal nerves. . . . The mastectomy may then be completed with need of but little more Pentothal Sodium. . . . A comparable sharp reduction in the rate of utilization of the drug during radical mastectomy for cancer of the breast followed the supplemental use of intercostal nerve block." 2 references.

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HAMBURGER, E.; HIMWICH, W. A.; ETSTEN, B.; YORK, G.; MARESEA, R., AND HIMWICH, H. E. *The Effect of Pentothal Anesthesia on Canine Cerebral Cortex*. Am. J. Physiol. 147: 343 (Oct.) 1946.

Barbiturates are known to reduce the oxygen intake of excised cerebral tissues. It was noted that higher parts of the brain are depressed to a greater degree than the lower portions by pentobarbital.

An indirect method to measure cerebral blood flow was used in seven dogs. Determinations were made at two depths of pentothal anesthesia; one in which anesthesia was the lightest possible that would permit manipulations and another in which nocuous stimulation evoked no apparent response.

The effect of light pentothal narcosis was compared with that of deep anesthesia and the average oxygen intake in the brain was found to fall from 5.9 cc. oxygen per 100 grams of tissue per minute to 2.6 cc. oxygen per 100 grams of tissue per minute, a decrease of 56 per cent. The cerebral metabolic rate is higher than that obtained from the brain of man and monkey using the same methods, and the difference is imputed to the fact that in the dogs the venous blood came chiefly from the cerebral hemispheres which possess a faster metabolism than the lower parts of the brain.

M. F. P.

HURLEY, G. A. P.: *Regional Anesthesia: Its Advantages in Emergency Surgery of the Extremities*. Am. J. Surg. 72: 219-228 (Aug.) 1946.

"In this article, it is proposed to point out some of the advantages that pertain to the use of regional anesthesia in particular as it applies to the emergency surgery of the extremities. . . . The flooding of the tissues and