that it did not. . . . We decided to investigate administration of trichlorethylene by the rectal route. . . . Because of the lack of suitable subjects, we have not yet been able to estimate accurately the dosage necessary to produce the same concentration of trichlorethylene in the blood as appears from the use of a Freedman’s inhaler, but as soon as this has been done, we intend to test the rectal method for the relief of pain in labour. . . . We were able to demonstrate quite easily that in the sheep, trichlorethylene appears in the foetal circulation almost immediately after it is administered to the mother. Furthermore we obtained evidence of an extremely interesting phenomenon, namely that the concentration in the foetal circulation rapidly became higher than in the maternal arterial circulation. In order to confirm this unexpected discovery, laboratory experiments were performed with Barcroft’s saturators. Samples of foetal and maternal blood were exposed to similar concentrations of trichlorethylene vapour, and it was found that under these conditions the foetal blood absorbed more than the maternal blood. It is not at present very clear why this should be so, but in view of the work of Barcroft and Popjaek it does not appear to depend on the lipoid content of the different bloods. . . . It was found that in the goat, whereas the trichlorethylene appeared in the foetal circulation equally quickly, in this species the higher concentration in the foetal blood did not take place. . . . In spite of gross overdosage to the mother, foetal electro-cardiograms have not shown prolongation of the P-R interval, bradycardia or other arrhythmia. To confirm this, we have arranged for a further supply of goats. . . . The effect of trichlorethylene on uterine contractions has not so far been investigated.”

J. C. M. C.


“We and our associates have been administering pentothal sodium in very dilute solution as a drip infusion during the past two years in over 5,000 cases. It has proved to be so widely and variously useful that we believe it deserves greater popularity. . . . As a rule, the needle is 20 gauge, the concentration as 1:1,000, and the total volume infused for sedation is 200 to 400 cc., for basal anesthesia 300 to 1,000 cc. For a short complete anesthesia with pentothal we still prefer the intermittent injection of 2.5 per cent. . . . The valuable characteristics which are made more evidently and widely useful by the highly dilute solution of pentothal sodium are (1) sedative and hypnotic, (2) basal anesthetic, (3) anticonvulsant, (4) antienetic, (5) antithyrotropic, and (6) depressant of excessive sympathetic stimulation.”

J. C. M. C.


“As a general rule, patients who undergo genito-urinary surgical procedures are bad risks. . . . Epidural anesthesia is of great use in the management of such patients. . . . I use a single dose method, but if one uses continuous caudal block as described by Hingson, then a greater range of usefulness may be obtained.”

J. C. M. C.