

minutes, the analgesia produced by 1 percent xylocain with adrenaline lasted 4-5 hours. . . .

"After this preliminary trial, we proceeded to test the substance in infiltration analgesia. In the emergency department 400 recorded operations with 1/2, 1 and 2 percent solutions without the addition of adrenaline have been performed. . . . In the surgical department the preparation in combination with adrenaline was used in 405 cases. . . . Xylocain was found to be an excellent conduction analgesic, with rapid onset and long duration as compared with procaine. . . . Xylocain, unlike procaine, is a surface analgesic and is much less toxic than pontocaine and is completely free from irritation. . . . We have records of about a hundred cases where prolonged alleviation of pain such as could not possibly have been obtained with previously employed local analgesics has been attained. In many cases the relief from pain had continued for 6 or 7 hours. . . . For xylocain, the safety coefficient is 2-4 times higher than for procaine. . . . The dose recommended is the same as for procaine, with 0.5 g.-1.0 g. as maximum. . . . Xylocain is the most stable of the local analgesics hitherto used. It is not decomposed either in strongly acid or strongly alkaline solution, even if boiled. Xylocain solutions are therefore indefinitely stable."

J. C. M. C.

TUOHY, E. B.: *Integration of Anesthesiology in Medicine*. Connecticut M. J. 12: 989-991 (Nov.) 1948.

"At the moment qualified anesthesiologists are in great demand and there are not enough of them to supply the demand, let alone the minimum needs or requirements of hospitals in this

country. At the moment several problems present themselves. Certain localities need and are requesting professional anesthesiologists and we cannot supply the necessary number of qualified individuals. Secondly, we have the task of demonstrating and convincing some medical groups the benefits to be gained by having the professional service and assistance of qualified anesthesiologists. . . . Medical school curricula should incorporate lectures on anesthesiology to indicate the close co-operation between surgery, medicine and anesthesia. . . . Anesthesiology which today is assuredly becoming a definite medical entity capable of providing greater possibilities in surgery, and above all promoting safer surgery for the patient, should not be included in any prepaid hospitalization service."

J. C. M. C.

MARRETT, H. R.: *A New General Anesthetic Apparatus*. *Anaesthesia* 4: 39-44 (Jan.) 1949.

"The apparatus has been designed with the primary object of combining the most popular features of existing types of general anaesthetic apparatus into one compact and portable unit. . . . The head embodies a soda lime carbon dioxide absorber, an ether vaporizer, a trichlorethylene or chloroform vaporizer, a rebreathing reservoir, the unidirectional valves, etc., and flowmeters normally for oxygen, carbon dioxide, cyclopropane and nitrous oxide. For the specialist, it is an all purpose apparatus providing the necessary facilities of the larger machines. It is equally convenient for private practice, hospital and service use. Its simplicity and safety also renders it admirably suitable for the instruction of students."

J. C. M. C.