on initial diameter of capillary endothelium, (6) the dose given."

J. C. M. C.


"Local anesthesia has a very limited value in urological surgery. . . . Pentothal sodium . . . is definitely a drug which has proved highly successful in many minor urological conditions and also in some major procedures. . . . Cyclopropane, also of the more modern anesthetics, must still be considered an ideal inhalation anesthetic agent. . . . Spinal anesthesia cannot be considered a modern anesthetic in the true sense of the word, but we must give it a modern place for it is still an anesthetic of choice in any genitourinary operation. . . . Preoperative sedation is important in spinal anesthesia. . . . One of the greatest modern additions to the armamentarium of the anesthetist is curare. This product is in no sense an anesthetic agent but a drug which in a supplemental capacity does help very materially in that necessary relaxation needed in upper abdominal urological surgery."

J. C. M. C.


"The operation of thoraco-lumbar splanchnicectomy and sympathectomy provides several interesting problems in anaesthesia. 1. The patients suffer from essential hypertension. . . . 2. For good exposure a long oblique incision is made from the lateral margin of the erector spinae to the lateral margin of the rectus abdominis. . . . For this approach the patient must be in the right or left lateral position with acute flexion to widen the ilio-costal interval. 3. The surgical technique demands an ischaemic field. . . . 4. The use of diathermy inside the thorax does not permit the use of inflammable agents. 5. Dissection of the parietal pleura may produce an open pneumothorax. . . . 6. Finally, these subjects should be fit for a similar operation on the other side, preferably within 14 days. . . . "Total spinal block has been employed combined with light general narcosis and efficient oxygenation in cases where by such means certain surgical requirements could be adequately satisfied. The operation of thoraco-lumbar splanchnicectomy and sympathectomy is one in which this technique would appear to be appropriate but it must be emphasized that such a method is safe only when circumstances permit the patient to be kept in the Trendelenburg position. . . . Assessment of the condition of the patient under total spinal block is difficult. The usual guides such as the radial pulse rate and brachial blood pressure are frequently not obtainable and respiration may be under passive control. Therefore one must depend on the patient's colour and the filling time of his capillaries. . . . Our belief that hypotension due to high spinal block is innocuous as long as there is no serious interference with capillary circulation and cellular metabolism, can only be considered proved after a careful assessment of the functional activities of certain organs which might be damaged during a period of hypotension, i.e. the kidneys, the brain and the heart. . . . The reduction in operating time and the complete insignificance of any loss of blood are advantages which contribute to the undoubted value of the method and the satisfactory results achieved. Frequently, the hypotension induced has been extreme, possible unnecessarily so. As the series proceeded equally satisfactory results have been obtained.