

gest that they too show a qualitative resemblance to the alkyl isothiouraes in producing first sensitization and then desensitization to the vasoconstrictor action of adrenaline when they are given in increasing concentration. . . . Adrenalytic effects are observed more especially with the higher members of a series."

J. C. M. C.

PAPPER, E. M.; BRODIE, B. B.; LIEF, P. A., AND ROVENSTINE, E. A.: *Studies on the Pharmacologic Properties of Procaine and Di-ethyl-amino-ethanol*. New York State J. Med. 48: 1711-1714 (Aug. 1) 1948.

"Extensive clinical usage has established the importance of procaine as the basic standard in the field of local and regional anesthesia. . . . Despite the rapid accumulation of clinical experience with intravenous procaine, fundamental knowledge concerning mechanisms of action, the distribution of the drug in the body and the precise mode of destruction or elimination has not been available. . . . It seemed desirable . . . to investigate the pharmacologic effects of di-ethyl-amino-ethanol upon man and laboratory animals. . . .

"Chemical and pharmacologic studies with procaine suggest that the active principle of the drug may be di-ethyl-amino-ethanol, a product of its hydrolysis. In many respects, this substance mimics the action of procaine, although relatively large doses are required. Further investigations are indicated to elucidate the pharmacologic activities of procaine and its metabolites."

J. C. M. C.

BROWN, ISABEL D.: *Pediatric Anesthesia*. Ann. West. & Surg. 2: 365-367 (Aug.) 1948.

"The child . . . presents a problem in preoperative medication which re-

quires careful consideration, as the first purpose of the medication is to reduce . . . irritability. . . . Dosage of drugs cannot be standardized for any age group. . . . In general a child requires a larger dose in proportion to his size than does the adult. In choosing between open and closed technic, one must remember that the small child may tire easily from exertion in breathing, and the resistance of long breathing tubes and a large soda lime cannister may be fatiguing. . . . Induction of anesthesia in the child requires great care. . . . Much of the struggle of early induction is merely the effort of the child to get away from an unpleasant irritating vapor. . . . Maintenance of the level of anesthesia should be adequate but not deeper than is required for the particular operative procedure. . . .

"Endotracheal technic is as useful in the child as in the adult, and in certain procedures it is indispensable. . . . The size of endotracheal tube in the child is most important, as the thickness of the wall of the tube diminishes the air space more in the smaller tubes. The tube with the largest lumen which will pass the orifice and into the trachea should be used, especially in the infant and in the younger child. . . . Choice of anesthetic agent for the child differs little from that for the adult. . . . The question of administration of blood during surgery is of great importance in the young child. The smaller total blood volume of the child makes a comparatively small blood loss of grave significance. . . . Curare has a place in anesthesia in children as well as in the adult. . . . Anesthesia for infants and children can be safe for the patient and satisfactory for the surgeon if careful consideration and planning are provided, and if satisfactory technics are worked out by the anesthetist."

J. C. M. C.