

gave statistically similar results . . . in our hands, and have been grouped together as Drug 1 in our analyses.

"Pontocaine (tetracaine) hydrochloride (Drug 2) was used in 115 cases. The dose was arbitrarily selected as 5 milligrams. By employing the 1 per cent solution of the drug, it was possible to create a technique for preparation with 10 per cent glucose which was identical to that for 1:2000 nupercaine. This was deemed of importance by us in setting up a routine which should prevent accidental improper dosage. . . . Novocain (procaine hydrochloride) (Drug 3) and Metycaine (Drug 4) were selected as shorter-acting agents to be tested under the saddle block technique. . . . Seven additional cases received monocaine formate. . . . The rate of operative interference in delivery was not significantly increased. Complications attributable to the anesthetic procedure have been a problem. The benefits to the fetus in early spontaneous respiration have been striking. There has been no increase in the fetal or maternal morbidity of mortality." 8 references.

J. C. M. C.

HERRICK, F. L.: *Pentothal Sodium Anesthesia for Cesarean Sections*. Am. J. Obst. & Gynec. **55**: 883-886 (May) 1948.

"At Grace Unit of Grace-New Haven Community Hospital, from 1942 to 1946, there were 492 cesarean sections performed using pentothal as the sole anesthetic agent until after delivery. In practically all of these cases, it was the main anesthetic agent throughout the operation, supplemented with a mixture of equal quantities of oxygen and nitrous oxide after delivery of the child. . . . There were no maternal deaths. The incidence of nausea and vomiting was small. The 2.7 per cent atelectasis may at first thought seem

high, but when it is considered that many of these operations were done as emergencies, it takes on a much less serious aspect. There were 15 fetal deaths, only 5 of which may have been due in any respect to the anesthesia." 2 references.

J. C. M. C.

TURVILLE, C. S., AND DRIPPS, R. D.: *The Anesthetic Management of the Aged*. Pennsylvania M. J. **51**: 434-436 (Jan.) 1948.

"Since 1941 we have administered 1064 anesthetics, at the Hospital of the University of Pennsylvania, to a total of 974 individuals above the age of 70. The over-all hospital mortality for this group was 4.0 per cent, a surprisingly good survival rate which almost tells the whole story. The aged patient is apparently a better surgical risk than one might assume on casual thought. All types of operations were performed in this series. . . . Spinal anesthesia with procaine, pontocaine, metycaine, or nupercaine was administered 448 times. Two hundred and six pentothal anesthetics were given. Cyclopropane was used on 193 occasions and ether 66 times. Regional block was administered to 150 patients. Avertin, nitrous oxide, and refrigeration anesthesia were also used. . . . Since the majority of elderly individuals are well composed and philosophical, as a rule opiates and sedatives are omitted and only atropine in doses of 0.4 mg. (gr. 1/150) is administered prior to anesthesia. . . . The aged patient usually has a high pain threshold. This makes him often ideal for regional anesthesia and many major procedures were carried out successfully in this fashion. Lest regional block be adopted too widely, however, it must be recognized that reactions to local anesthetic agents are more common in the aged, that tissue irritation from the drug may interfere with tissue repair, and that sup-

plementation of an inadequate block may be attended with the hazards of excitation, vomiting, and the aspiration of gastric contents into the tracheobronchial tree. . . . Of the 1064 anesthetics, 3.4 per cent were followed by a major pulmonary complication such as atelectasis or pneumonia. The incidence of pulmonary embolus was 1 per cent. . . . Seven per cent of our cases showed irrationality, confusion, or psychoses in the postoperative period. . . . Circulatory complications included 9 cases of coronary occlusion. . . . Cardiac failure with pulmonary edema was diagnosed in five other individuals. Two instances of cerebrovascular accident were noted. . . . Early ambulation is essential. Intravenous fluid therapy must be carefully watched to avoid circulatory overload. Fluids can be given by hypodermoclysis if the oral route is impossible. Morphine should be used sparingly and in small doses." No references.

J. C. M. C.

SCHULTZ, P. E., AND GURALNICK, W. C.: *Advances in General Anesthesia: Pentothal Sodium and Curare*. J. Am. Dent. A. **36**: 140-149 (Feb.) 1948.

"The prime aim in the administration of all anesthetics is to maintain normal oxygen and carbon dioxide tensions in order to prevent those anesthetic accidents which might be caused by disturbances in the normal respiratory processes. . . . In a discussion of anesthetic agents and technics for oral surgery, important considerations are the safety of the patient, the disease being treated, exposure of the field, control of secretions and airway, and postoperative recovery. . . . For procedures of short duration, on tractable patients, nitrous oxide and oxygen anesthesia is excellent. Intelligent premedication is an aid in the use of this agent and it should be considered. For

operations requiring more than ten or fifteen minutes, or for patients of the robust and athletic type, a more potent anesthesia agent is desirable if good anesthesia, adequate relaxation and normal oxygenation are to be maintained. . . . Nitrous oxide-oxygen can be combined with regional or other anesthetics to afford proper operative conditions in many cases. . . . Ether retains the foremost position in the choice of anesthetics because of its potency and wide margin of safety. . . . Real control can be attained with anesthesia induced endotracheally. . . . Vinethene . . . is a 100 per cent potent anesthetic agent, providing rapid induction and achievement of the deeper planes of anesthesia in a short time. It is to be remembered that it is seven times as potent as ether. . . . Vinethene should not be used for a period longer than one-half hour, although its administration with the gas machine and with a high percentage of oxygen will make it safer. We use Vinethene, by open cone method, for the extraction of deciduous teeth. . . . In oral surgery, cyclopropane can be used only with a Leech airway or an endotracheal catheter. Its advantages are a quick pleasant induction and high oxygen content. . . . Special precautions to prevent explosions are necessary when cyclopropane is employed. It is suitable for hospital use only. . . . In 5,000 administrations under the supervision of one of us (P. E. S.) in a general hospital, Pentothal sodium was used 75 per cent of the time in one combination or another. Thousands of cases with good results have been reported by oral-surgeons in office practice. Our own work only corroborates the belief that Pentothal sodium, intelligently used, is an excellent anesthetic for not only hospital use, but office use as well. The dentist employing Pentothal sodium should have special training and equipment for its use. . . .