

plementation of an inadequate block may be attended with the hazards of excitation, vomiting, and the aspiration of gastric contents into the tracheo-bronchial 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. . . .

"Premedication is essential. . . . When Pentothal and nitrous oxide are used together, a synergistic action is effected. . . . Procaine is infiltrated about the areas where extractions or surgical procedures are to be performed. The value of the local anesthetic is twofold. First, sensory nerve fibers are blocked at their source, and the initial stimulation of the patient by surgical procedure is eliminated. Thus, a light plane of anesthesia, always to be desired, can be used. The time required for postoperative discomfort is minimized. Second, the use of procaine with incorporated epinephrine reduces bleeding, thereby effecting a fairly dry operative field with its attendant advantages for careful operation and maintenance of a patent airway. The maintenance of an adequate airway is of primary importance whenever a general anesthetic is used. . . . Hemorrhage and trismus of the jaws after maxillofacial injuries make the use of a general anesthetic hazardous and difficult. Regional anesthesia, when possible, is ideal, but anatomic difficulties and duration of the operation may preclude its use. Intubation of these patients is a requisite for their management. . . . When intubation can be performed under topical anesthesia the problem is simplified, for anesthesia can be maintained with Pentothal sodium and nitrous oxide-oxygen without further difficulty. . . . The addition of curare to the Pentothal-gas-oxygen combination provides a method for handling the more complicated maxillofacial cases in which maximum relaxation and intubation are essential during maintenance of a light plane of anesthesia."

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STILES, J. A.: *Postanesthesia Respiratory Difficulty*. California Med. **68**: 166 (Mar.) 1948.

"A five-hour anesthetic was administered to a 65-year-old man for a left

pneumectomy. The method used had been endotracheal nitrous oxide, supplemented with intravenous curare and morphine. The operation and anesthetic were both uneventful and the patient left the operating room in good condition, his reflexes present. . . . About ten minutes after leaving the operating room, slight dyspnea was noted, and this became marked in a few minutes; positive pressure on the breathing bag was necessary to effect a good exchange. Within five minutes of the onset of the more marked dyspnea, this method no longer kept the patient oxygenated. The pulse rate began to rise and shortly was over 120 per minute, increasing rapidly. At the same time, cyanosis became evident. At this point the patient lost consciousness and reintubation was performed, whereupon the cyanosis disappeared and the pulse rate decreased slightly. Even by this means, respiratory exchange was difficult and inadequate. To percussion the left chest showed increased resonance and the heart was definitely shifted to the right. A large needle was inserted in the left pleural cavity with almost immediate return of spontaneous respiration and further decrease in pulse rate. The needle was left in place for 24 hours, connected to a rubber tube the end of which was left under water seal. Recovery was uneventful."

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WATERS, R. M.: *Drugs and Methods for the "Occasional" Anesthetists*. Postgraduate Medicine **3**: 77-84 (Feb.) 1948.

"I hope to defend the proposition that the four agents nitrous oxide, ether, chloroform and procaine, with relatively simple apparatus, in the hands of any conscientious and competent physician, can provide safe, pleasant and adequate anesthesia for the majority of the operations in modern