"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."

J. C. M. C.

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 pneumonectomy. 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."

J. C. M. C.

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