ECKER, ARTHUR: *Kneeling Position for Operations on the Lumbar Spine. Especially for Protruded Intervertebral Disc.* Surgery **25**: 112 (Jan.) 1949.

"For over two years I have used the kneeling position for all explorations of the spinal canal in the lumbar region. . . . To obtain the desired position, it is best for the patient to crawl onto the operating table. Anesthesia is administered only after the patient's chest is supported comfortably. Although both ether anesthesia and spinal analgesia have been used successfully, the anesthetists prefer intravenous pentothal supplemented with nitrous oxide-oxygen by inhalation. For muscular relaxation, small doses of curare are given intravenously. Tilting up the table slightly at the head end releases intestinal pressure against the diaphragm and makes breathing easy."

J. C. M. C.

HUNTER, A. R.: *Pentothal Sodium Anaesthesia.* Anaesthesia **3**: 116–121 (July) 1948.

"A few months ago the drug known by the proprietary name of pentothal was included in the British Pharmacopoea and given the official title of thiopentone. It has now been used in Britain for over 10 years. . . . Thiopentone . . . is an anaesthetic agent of considerable value. Its rapid elimination from all the tissues of the body, and its relative lack of action upon them give it a considerable advantage over most other agents. Though it produces more muscular relaxation than other drugs of the barbiturate group, it cannot relax the abdomen sufficiently to permit intra-abdominal surgery. Apart from this drawback, it is a most valuable anaesthetic agent."

J. C. M. C.

KIRBY, C. K.; ECKENHOFF, J. E., AND LOOBY, J. P.: *The Use of Hyaluronidase with Local Anesthetic Agents in Nerve Block and Infiltration Anesthesia.* Surgery **25**: 101–104 (Jan.) 1949.

"The popularity of regional anesthesia has been limited because of the inability of surgeons and anesthetists to deposit anesthetic solutions accurately and consistently along nerve trunks. Even skilled anesthetists cannot obtain adequate blocks in all instances. A method of increasing the diffusion of local anesthetic agents might, therefore, be of value in producing a higher percentage of successful blocks. In certain instances, increased diffusion might also be helpful in infiltration anesthesia. The effect of hyaluronidase in spreading the anesthetic action of local anesthetic agents has therefore been studied. . . . Controlled experiments were done on volunteers (medical students) to determine whether a larger area of anesthesia results from the injection of hyaluronidase with local anesthetic agents and whether the duration of anesthesia is affected. The anesthetic solution without hyaluronidase was injected on the volar surface of the middle third of one forearm as a control. To 50 cc. of the anesthetic solution to be injected into the same area of the other forearm, 0.8 or 1.6 mg. of hyaluronidase were added. The hyaluronidase used in these experiments assayed to 150 provisional units per milligram by the turbidity reducing method of Kass and Seastone. In the experiments in which vasoconstrictor was also used, 0.5 cc. of epinephrine 1:1000 was added to 50 cc. of the anesthetic solution, with and without hyaluronidase. The needle was inserted just beneath the skin and 3 cc. of the solution were injected without advancing the needle. . . .

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