in terms of an index, in the same manner that alcohols are weighted by proof or percentage of alcoholic content. It was not our intent to evaluate the various topical anesthetics in vogue today, but rather to develop an instrument which could be used to measure the potency of topical anesthetics. The findings were rather enlightening, indicating that certain types of topical anesthetics are practically worthless, others designed for specific purposes, and that none of those tested could be wholeheartedly recommended for all types of work. . . . It is our hope that a new avenue of approach to the evaluation of topical anesthetics has been opened and that this work will be but the forerunner of further investigation in this field."

A. A.

GOLIGHER, J. C., AND THORNTON, H. L.: *General Anaesthesia for Gastroscopy. Lancet* 1: 652–635 (Mar. 24) 1951.

"Until comparatively recently, like most other gastroscopists, we have performed almost all our gastroscopies under local analgesia with amethocaine ("Decicain") supplement by heavy premedication with "Omnopon" and scopolamine or barbiturates. . . . The only reason why local analgesia has been tolerated, despite its obvious imperfections, is that it has been held to be much safer than any form of general anaesthesia for this purpose; but with the recent advances in general anaesthetic technique we have felt that there are now good grounds for challenging this contention. During the last eighteen months or so we have been experimenting with several methods of administering general anaesthesia for gastroscopy and oesophagoscopy and have eventually arrived at a technique which we are satisfied is thoroughly practicable and possesses significant advantages over purely local analgesia. . . . Topical analgesia is obtained 10 minutes before endoscopy, using 2% amethocaine. . . .

DAVENPORT, H. T.: *Damage to the Skin Due to Trilene.* Brit. J. Anaesth. 23: 56–57 (Jan.) 1951.

"A search of the literature has not revealed an account of injury to the skin due to Trilene, therefore the following report may be of interest. A fit woman aged 30 years underwent a vaginal repair of operation in the lithotomy position. Anaesthesia was induced with 5 per cent thiopentone after the skin of the right antecubital fossa had been cleaned with a cotton wool swab dipped in spt. vini. meth. and an easy venipuncture performed. The syringe and swab were then placed upon the Boyles machine, which was used to maintain anaesthesia with semi-closed gas and oxygen. Later, using the same swab and the remains of the solution in the syringe, a further dose of thiopentone was given into the same vein to facilitate the suture of the levator muscles. . . . On routine inspection of the patient in the ward 90 minutes later, it was noticed that an area of the right arm had sustained a first and second degree burn, and appropriate treatment was ordered. . . . Inquiry showed that a swab soaked in Trilene and used for cleansing purposes elsewhere was placed on the anaesthetic trolley during the operation session. The anaesthetist also recollected that when preparing for the second injection on this particular patient there had been an excess of a blue fluid on the swab, but its importance was not apparent to him at the time. By means of tests on members of the medical staff, it was shown that a burn resulted with Trilene and Trilene-spirit mixture. The latter was most severe and the degree varied with the time of application and the individual tested."

A. A.