produced, after 10–30 minutes, significant increases in the pain threshold temperature. The dissociation between flushing of the skin and skin temperature on the one hand and the changes in the pain threshold on the other indicates that the latter cannot be secondary to the change in the vessels, humidity or temperature of the skin, but must be attributed to a direct effect of the acetylcholine either on the pain receptors or the nerve fibres connected with them. The experiments with prostigmine and atropine indicate that changes in the concentration of the active acetylcholine normally liberated in the skin may influence the sensitivity to pain. It is, therefore, possible that the activity of the pain receptors is influenced by changes in the acetylcholine content of the skin. The mechanism of such a regulation is discussed."

A. A.

McCULLOCH, J. F.: *The Choice of Anaesthesia in General Practice.* Bull. Post-Grad. Comm. Med. Univ. Sydney **5**: 82–85 (July) 1949.

"The choice of anaesthesia in general practice may depend on several factors. . . . The nature of the procedure may help to determine the choice of an anaesthetic technique. Such a choice may be of a negative character—what not to give. . . . Surgery may give the patient his only chance of survival, and in such cases anaesthesia should not be withheld even if the risk is great. Well-administered 'open ether' with adequate oxygen may be the most satisfactory choice. Intestinal obstruction may present urgent problems and the condition of the patient is often very bad. Good relaxation is essential, but sometimes difficult to achieve with safety. Regurgitation of gastric contents may be a major hazard. Spinal anaesthesia is regarded, particularly by many surgeons, as being the most satisfactory technique. . . . At the opposite end of the scale of risks is the healthy, robust, nervous patient. Many such patients are ether-resistant, and spinal anaesthesia, if otherwise suitable, may save a great struggle. . . .

"Making the best use of what offers is important; but the presence of some general utility machine, like a McKesson or Heidbrink, which can be used in so many different ways, gives a great sense of support. . . . It is usually better, when confronted with a difficult or worrying case, to stick to a simple and everyday technique rather than to attempt something unfamiliar and ambitious. . . . A well-given 'open ether' anaesthetic with adequate oxygenation is much better than a "black gas.' "

A.A.

HERTZ, ROY; ALLEN, M. J.; TULLNER, W. W., AND WESTFALL, B. B.: *Surgical Anesthesia in Rabbit and Dog with Intravenous Amphenone B.* Proc. Soc. Exper. Biol. & Med. **79**: 42–43 (Jan.) 1952.

"We have previously reported that Amphenone 'B' has a potent depressant action on the central nervous system of the rat. We now report the experimental use of intravenously administered aqueous solutions of this compound to induce complete surgical anesthesia in the rabbit and dog. . . . The behavior of these animals during the course of these observations warrants the conclusion that Amphenone 'B' possesses a sufficiently profound depressant action on the central nervous system to abolish pain response in the rabbit and dog. . . . The margin of safety is sufficient to permit complete anesthesia without major respiratory depression and with rapid recovery. The combination of endocrinological and anesthetic properties of Amphenone 'B' parallels that previously observed for progesterone and other steroids."

A. A.