

in faeces, has been estimated after both oral and parenteral administration to normal persons, to patients with hypertension and to patients with varying degrees of impaired renal function. . . . The absorption and excretion of hexamethonium has been estimated after parenteral and oral administration in normal and hypertensive subjects. In normal persons, and in hypertensive patients with normal renal function, urinary excretion of the drug after parenteral injection is rapid and quantitative. After oral administration, absorption of hexamethonium is poor, but may be greatly increased by giving the dose in the fasting state. An inverse correlation has been shown to exist between urinary excretion of hexamethonium and impairment of renal function."

A. A.

THOMPSON, DOROTHY: *Barbiturates in Anesthesia*. Nebraska M. J. 38: 203-206 (June) 1953.

"Barbiturates are commonly used in anesthesia today. The drug most frequently employed is Pentothal sodium. . . . Pentothal . . . lacks several important features of an acceptable anesthetic. Its analgesic properties are minimal. The muscular relaxation that it provides is not satisfactory, particularly in vigorous subjects. These deficiencies are only partially balanced by its fine hypnotic qualities. I cannot consider Pentothal to be a true anesthetic agent on the basis of hypnosis alone. . . . Another fact to be kept in mind is that Pentothal is noncontrollable . . . . There are no reliable signs of anesthesia under Pentothal. . . . Respiratory embarrassment may follow the use of Pentothal. . . . There may be laryngeal spasm. . . . The safety of the patient is the first consideration of the anesthesiologist.

Aside from this, he is interested in administering an anesthetic which fulfills the demands of the surgeon and is as agreeable as possible to the patient. Patients should be assured that they will suffer no pain as a consequence of the operative procedure, but their preference as to the choice of agent should not be the final or determining factor in choosing the anesthetic."

A. A.

DALE, W. A.: *Splanchnic Block in Treatment of Acute Pancreatitis*. Surgery 32: 605-614 (Oct.) 1952.

"As nonoperative management of early acute primary pancreatitis has gradually replaced early operation with its attendant higher mortality, and as the diagnostic incidence of pancreatitis has increased, specific therapeutic measures have become more important. Splanchnic block anesthesia, used occasionally in the past, has recently been used more frequently. Experience with the method has largely been reported in general statements. There is need for accumulation of experience and details of management. This is a report of the results of eight such cases. . . . Four patients were treated by bilateral paravertebral injections aimed at the ganglionated chains from T6 through T10 (T12 in two cases). . . . Four patients were treated by a single unilateral splanchnic block on the left, with x-ray control of the needle position. . . . Immediate results in all patients were good and the method warrants further use, not only to control symptoms, but also to alter the expected course of the disease in selected cases. The one death which occurred shortly after block may have been due to the injection itself. This, as well as the experience of others, emphasizes the possible danger of this technique."

A. A.