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"All surgeons are sympathetic with the highly apprehensive child going to the operating room. It frequently excites the operating room staffs to hear a screaming child being anesthetized, and it completely unnerves the anesthetist when he is required to anesthetize a little tot with ethyl chloride or ether. But the more serious phase is the impression left with the child after the operation. Years afterward he remembers the ordeal and will often delay giving consent to operations when the delay may jeopardize his successful recovery. The psychic reaction of a normal child can be compared to that of an adult suffering from a toxic thyroid gland. . . . The psychic reaction accelerates the metabolic processes to a high rate of speed and the carbohydrate reserve is often depleted and acidosis follows. This changes a child considered a good risk before entering the hospital to a bad risk the morning of operation. Barbiturates which are metabolic depressants will prevent the acceleration of metabolic processes if they are used in adequate doses as soon as the apprehensive child is admitted to the hospital. If the child has been crying or vomiting, fluids should be given under the skin. . . . Because of the high metabolic rate of children and infants more than 1 year of age, they are able to take safely relatively larger doses, per pound of body weight, of sedatives than adults; these sedatives are catabolized and excreted more rapidly in children than in adults.

"The barbiturate which seems to have the most consistent effect in my experience is nembutal and the dose may be calculated according to Young's and Cowling's rule. . . . If preferred the nembutal can be given rectally by dissolving the powder in about a half ounce of water and inserting well up into the rectum, guarding against its expulsion for a few minutes after its administration. If barbiturates cannot be taken orally or rectally they can be given hypodermically in the form of sodium luminal in the same dosages as nembutal orally. This will usually insure a good night's rest before operation and keep the physiological processes nearer normal. On the morning of operation . . . nembutal is administered one hour before operation and . . . morphine sulphate twenty minutes before the patient goes to the operating room. If this preoperative medication is followed the child will not be apprehensive and will often require less than half the usual amount of anesthetic to produce the desired level of anesthesia. The postoperative course is much smoother, there is less nausea and vomiting and less abdominal distention. It is now known that morphine motivates the bowel and is more helpful than detrimental in abdominal distentions.

"Children between the ages of 1 and 4 years, according to Robson, should not receive barbiturates; he recommends codeine gr. ¼ hypodermically for children between the ages of 2 and 4. The 1-year-old child should receive codeine gr. ⅛ one half hour before operation. No sedatives are used in children under 1 year of age. Much has been written about basal anesthesia in children and it has been accepted readily in large pediatric centers. The agents most frequently used are nembutal, evipal soluble and avertin rectally."

J. C. M. C.

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"The toxicity of anesthetic agents depends upon various factors, viz. the