

50 consecutive cases of prostatectomy. (*Way, G. L.: An Anesthetic Technique for Prostatectomy, Lancet 2: 888 (Nov. 21) 1959.*)

DRUG ADDICTION If possible, surgery should be postponed in a drug addict until the addict has been withdrawn from the drug. If postponement is impossible, the drugs should be administered within reasonable amounts to make the patient comfortable. After convalescence the withdrawal is to start. Drug addiction among members of the medical profession is 100 times greater than among the general population. (*Krantz, J. C., Jr.: How To Cope with Drug Addiction in Hospitals, Mod. Hosp. 94: 66 (Feb.) 1960.*)

ANESTHETIC MACHINE A light-weight, simple, yet versatile and economically priced Boyle's apparatus is described. It weighs only seven pounds, holds up to 72 gallons of oxygen, and 400 gallons of nitrous oxide. It can easily be carried in the hand. Any standard vaporizing bottle can be used with the machine. (*Burton, J. D. K.: A Portable Anesthetic Machine, Lancet 2: 650 (Oct. 24) 1959.*)

HEPATECTOMY Anesthetic management of 53 patients for total hepatic lobectomy is reviewed. The age range for the patients was 16 months to 73 years. Cyclopropane was the major anesthetic agent in two patients and ether in the remainder, except for one patient who received thiopental, nitrous oxide-oxygen, and a relaxant. The operative course was uneventful in 19 patients, but in 34 excessive blood loss was a problem. Seven patients required more than 20 pints of blood. There were six operating-room deaths. Fifteen other patients died in the postoperative period. Anesthesia did not play a significant role in the development of the complications. (*Schweizer, O., and Howland, W. S.: Anesthetic Management During Total Hepatic Lobectomy, Surg. Gynec. & Obst. 110: 61 (Jan.) 1960.*)

NITROUS OXIDE ANALGESIA The relationship of nitrous oxide analgesia to mental performance has been determined in 24 adult volunteer subjects who were breathing 20, 30, and 40 per cent nitrous oxide in oxygen. Nitrous oxide produced significant analgesia in low concentrations, but there also appeared to be significant mental impairment. The degree of analgesia and that of mental impairment varied widely from one subject to another at the same concentrations of nitrous oxide. There appeared little correlation between the two effects of the drug, in any one person. (*Parkhouse, J., and others: Nitrous Oxide Analgesia in Relation to Mental Performance, J. Pharmacol. & Exper. Therap. 128: 44 (Jan.) 1960.*)

DEPTH OF ANESTHESIA The order of appearance of a number of clinical signs (wink, corneal, swallowing, endotracheal reflex, etc.) was examined after the intravenous administration of large doses of pentobarbital, thiopental, paraldehyde, trichlorethanol, and ethanol to dogs. The depression caused by these substances can be conveniently and reliably divided into five levels of intensity, which extend from the counterpart of deep anesthesia to complete freedom from ataxia. During recovery from large doses of pentobarbital and trichlorethanol, dogs spend roughly the same percentage of time in each of the defined levels of depression. In contrast after thiopental, paraldehyde, and ethanol, the animals pass rapidly through the deeper levels of depression but lose their ataxia slowly. Because of the similarity from recovery from ethanol, paraldehyde, and thiopental, doubt is raised that localization in fat is of major importance in the ultra short action of thiopental. (*Maynert, E. W.: The Usefulness of Clinical Signs for the Comparison of Intravenous Anesthetics in Dogs, J. Pharmacol. & Exper. Therap. 128: 182 (Feb.) 1960.*)

The "Briefs" of Russian Literature were taken from Excerptica Medica's "Abstracts of Soviet Medicine," which is supplied through the Public Health Service of the National Institute of Health.