

A REMOVABLE INTRODUCER FOR THE SPINAL NEEDLE °

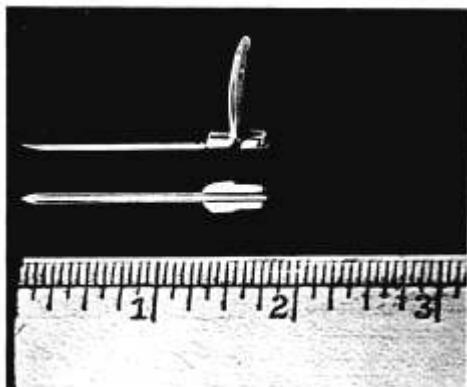
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The introducer is especially suitable for the needle for continuous spinal anesthesia but equally usable for *any* spinal needle. It is essentially one longitudinal half of a needle to which is fastened a small handle. The shaft of the one portrayed is $1\frac{1}{4}$ inches long and the groove exactly fits an 18 gage needle. In use the introducer is inserted through the supraspinous ligament, the spinal needle is slid along the groove beyond the point of the introducer and held there while the introducer is removed. An introducer made for an 18 gage needle could serve for a 17 gage needle or any

smaller size. This introducer obviates the difficulty of trying to follow the track of an introducer which is removed after making a hole, and it does away with the potential danger that the needle for continuous spinal anesthesia might break at the point of an introducer left in situ—also, after the removal of the introducer there is, if needed, greater possibility of change of direction of the needle.

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* Made by the MacGregor Instrument Company, Needham, Mass.



CURRENT COMMENT

THE USE OF PENTOTHAL SODIUM RECTALLY AS A BASAL ANESTHETIC AGENT

One hundred and thirteen patients were given pentothal sodium (Abbott) by rectum for basal narcosis. The technic was essentially the same as that recommended for rectal avertin in amylene hydrate or for rectal evipal. Individualized premeditation with opiates was regularly employed.

Pentothal was supplied in ampules of 3 Gm. and this dose was not exceeded. Age, weight, sex and physical status were utilized to arrive at the proper amount. One cubic centimeter of a 10 per cent so-

lution for 50 pounds of body weight was taken as the maximum for healthy males. A 10 per cent decrease was made for females, another 10 per cent for those with sedentary habits and a further reduction for obesity or those past 55 years of age. The rectal instillation was made thirty minutes prior to anesthesia. Ten minutes after injection effects are noted and become maximum in thirty minutes. Most patients reacted within an hour after operation. Complimental anesthetic agents were cyclopropane or nitrous oxide. Either