

a routine procedure following extractions and surgery. It is particularly useful in immediate dentures. It is used on and in the denture and carried to any desired area in the mouth.

	Gram
Sulfathiazole	5.00
Procaine hydrochloride60
Eugenol15
Base q.s.	30.00

A jar is half filled with the ointment, into which is worked a yard of sterile half-inch plain gauze, to be ready when needed. Following extractions, a wick of this gauze with a liberal amount of ointment is inserted lightly into the bottom of the socket and then partly withdrawn. This leaves an area for blood clotting, and also a center wick containing sulfathiazole which combats infection. The procaine hydrochloride is gradually absorbed by the surrounding tissues, supplementing the injected local anesthesia."

J. C. M. C.

BENNETT, J. H.: *Trichlorethylene in Dental Anesthesia*. Cincinnati J. Med. 25: 159-162 (June) 1944.

"We have adopted as a routine method the use of nitrous oxide, oxygen, and trichlorethylene for dental extractions for children out-patients of the Cincinnati General Hospital. Our results in the series of 260 cases have been satisfactory." 6 references.

J. C. M. C.

CULLEN, S. C.: *Anesthesia in Otolaryngology*. Tr. Am. Acad. Ophth. pp. 240-247 (Mar.-Apr.) 1944.

"Premedication is a misnomer. The nonvolatile drugs administered to the patient preoperatively are actually a part of the anesthesia. They possess definite pharmacological actions and must be administered as intelligently as any other anesthetic agent. . . . The forcible application of local anes-

thesia on the uncooperative patient frequently results in poor anesthesia, inadequate operating conditions, and may terminate tragically. If these anesthetic technics are to be used, the drugs administered preanesthetically should provide hypnosis, protection against the toxic effects of the anesthetic drug, analgesia, reduction of reflex irritability and amnesia. Such effects can be accomplished by using barbiturates for hypnosis and protection against the toxic effects of cocaine or similar drugs, morphine for the reduction of reflex irritability and analgesia, and scopolamine for amnesia. . . . Premedicating drugs should also be ordered prior to inhalation or other technics of anesthesia with direct reference to the particular agent to be employed. . . . In order to select the most suitable agent and technic to be used in each individual case, the anesthesiologist must first learn the requirements of the surgeon. . . . The surgeon need only state the desired requirements and the anesthesiologist is obligated to fulfill them without sacrificing the safety of the patient. Fortunately, it is now possible with the application of present day anesthetic agents and methods to achieve mutually satisfactory working conditions. In order that I may illustrate this practically, let me presume the case of a healthy 45 year old man on whom a laryngectomy or a laryngeal fissure is to be done. If the patient is adamant and refuses to have the procedure done under local or regional anesthesia, an agent must be used that will provide complete narcosis with safety for the patient and convenience for the surgeon. The surgeon may desire to use the endotherm and he wants to have room to work unhampered by anesthesia equipment and anesthetist. In this event, one could use avertin and nitrous oxide, nitrous oxide and oxygen alone, or pentothal. In any case,