mouth much earlier than after an exclusive inhalation anesthesia, and the postoperative use of sedatives is curtailed. . . . The blood pressure usually drops during the induction; the initial drop may reach 40 points, but during the rest of the anesthesia it remains on the normal level or stays 10 to 20 points below it. The average amount of pentothal sodium used in the reported series of major operations was 1.0 to 1.5 Gm., but in exceptional cases the total dose reached 2.5 Gm. . . . Clinical experience in 1,462 consecutive cases showed the intravenous administration of a 1 per cent solution of pentothal sodium by continuous drip to be a dependable method of anesthesia which can be employed in practically all fields of major surgery." 4 references.

J. C. M. C.

HELM, J. D., AND INGELFINGER, F. J.: *The Effect of Spinal Anesthesia on the Motility of the Small Intestine.* Surg. Gynec. & Obst. 79: 553–556 (Nov.) 1944.

"Spinal anesthesia is generally believed to stimulate intestinal motility. This effect has been noted both clinically and experimentally under a variety of conditions, but the results have not been wholly consistent. Our observations show that under actual operating conditions, spinal anesthesia has little effect on the motor activity of the intact human small intestine. . . . Balloon kymograph records of the motility of the human small intestine were taken before and during 11 abdominal operations. In patients receiving the usual preoperative medication, spinal anesthesia did not increase the ability of the small bowel to contract against a mild distending force. The results suggest that under certain conditions spinal anesthesia is not a very potent means of stimulating human small intestinal motility, and furthermore that its effect on the small bowel is abolished by moderate doses of morphine and scopolamine." 23 references.

J. C. M. C.

MAGNANO, JOSEPH: *Continuous Spinal Anesthesia—Observations on 1,000 Cases.* Connecticut State M. J. 8: 743–747 (Nov.) 1944.

"Since 1928 we have used spinal anesthesia, in the Middlesex Hospital in Middletown, Conn., in over 8,197 cases. Six thousand of these cases were done under 'one dose' spinal anesthesia and 2,197 cases under continuous spinal anesthesia according to the method of William T. Lemmon. . . . It is our opinion that procaine hydrochloride (novocain or neocain) is the least toxic, both clinically and experimentally, of all drugs to produce spinal anesthesia. . . . We present at this time a report on the first 1,000 cases in which the method has been employed. In each instance the operation was begun and finished under spinal anesthesia, but in the longer procedures we had to supplement the spinal with pentothal sodium. . . . The oldest patient in this group was 90 years old. The youngest patient was 15 days old. . . . A subtotal gastrectomy required 6 hours of anesthesia. The shortest procedure took about 5 minutes for an incision and drainage of an abscess. . . . The smallest dose was 37.5 mgs. of 2½ per cent for release of volvulus in a 15 day old child. The largest dose given to any one patient was 1450 mgs. . . . In 406 appendectomies the average dose of novocain used was 157 mgs. . . . In 51 cholecystectomies, the average dose of novocain administered was 283 mgs. . . . In this series, 76 cesarean sections were done under continuous spinal. . . . The incidence of headache in this series was 5.8 per cent. . . . Urinary retention requiring catheterization occurred in 9.6 per cent of the cases in