

when other anesthetics are used." 8 references.

J. C. M. C.

KENNEDY, HUGHES: *Obstetrics and Pediatric Meddling*. J. Tennessee M. A. 39: 210-215 (June) 1946.

"Pregnancy and delivery should be a normal physiological process. . . . While prematurity, immaturity, accidents of labor, various forms of dystocia, and operative delivery may cause asphyxia neonatorum, the chief cause as seen today is sedation and anaesthesia. . . . If we agree that the mother is entitled to some form of sedation and that the barbiturates are the least dangerous to the baby, what general anaesthesia should be given? . . . It is not my intention to suggest a rigid routine in sedation and anaesthesia. Instead it is my hope that the obstetrician will fully realize that the object of pregnancy is to produce a normal healthy infant. In choosing maternal medication, he should keep this purpose in mind. In endeavoring to satisfy the mother, he should not injure the baby. If this is carefully explained to the patient, there are few women who would not be willing to experience more discomfort for the sake of her baby. . . . I would like to quote McMahon's discussion of Lund's paper read at the annual meeting of the Central Association of Obstetrics and Gynecology in 1941: 'The body of this paper clearly proves one of the author's opening statements, namely, that we have no ideal obstetric analgesic procedure. . . . Patients should be told that in spite of what Time Magazine, Life and the Ladies' Home Journal say, we have no ideal obstetric analgesia, that there is no such thing as a safe, painless delivery, and that many children are being sacrificed today because this is not fully appreciated.' " 11 references.

J. C. M. C.

MACINTOSH, R. R., AND SCOTT, R. D.: *Clinical Trials of Kemithal*. Lancet 1: 767 (May 25) 1946.

"A new hypnotic drug [5-cyclohexanyl-5-allyl-2-thiobarbituric acid] was submitted to us . . . for clinical evaluation in 1940. . . . We have now followed up 400 patients to whom we have given this drug either as the sole anaesthetic (50 cases) or as an induction agent to other anaesthetics. In both series of cases the operation ranged from dental extractions to abdominal operations. . . . Owing to the large number of variables in types of patient and operation it is impossible in the space of a few months to find anything approximating a series of parallel cases in which to test a new drug against a known one, but we here record our clinical impressions and post-operative observations following the use of kemithal in our cases. The ages of the patients ranged from 10 to 73 years. . . . Clinical experience supports the experimental findings that its potency is about half that of thiopentone [pentothal]. . . . In equi-active doses it would be difficult if not impossible to distinguish clinically between the two drugs."

J. C. M. C.

GORDON, R. A., AND GIBBONS, A. K.: *Clinical Investigation of Kemithal*. Lancet 1: 768-771 (May 25) 1946.

"Kemithal" was elaborated in the laboratories of Imperial Chemical (Pharmaceuticals) Ltd. by Carrington and Raventos as a result of efforts to produce an ultra-short-acting barbiturate with a greater margin of safety and fewer disadvantages than other drugs in common use. . . . In chemical structure the drug is more closely related to hexobarbitone ('Evipan') than to thiopentone ('Pentothal'), so it might be expected to be a less potent anaesthetic than thiopentone. Such is

the case, and the amounts of kemithal required for the production of surgical anaesthesia are about double those of thiopentone required in similar circumstances. . . . We have used kemithal in four ways: for induction before cyclopropane anaesthesia; as the primary anaesthetic in combination with nitrous oxide and oxygen; as the sole anaesthetic, with or without oxygen; and to produce hypnosis in association with regional anaesthesia. Two methods have been used for administration. For induction before cyclopropane anaesthesia the drug was injected with a syringe in 5 per cent or 10 per cent solution. Intermittent injection in the same concentrations was used for a few short minor procedures. In most cases where it was used as the primary anaesthetic it was administered by a continuous intravenous drip technique in 1 per cent solution in normal saline. In all cases patients received 'Omno-pon' gr. $\frac{1}{2}$ and scopolamine gr. $\frac{1}{150}$ an hour and a half before operation.

"Induction with the 5 per cent or 10 per cent solution was smooth in practically all and rapid in most cases. . . . The course of cyclopropane anaesthesia after induction with kemithal was uneventful, and no abnormalities developed which could be attributed to the drug. . . . In all cases there was a slight initial fall in both systolic and diastolic blood-pressure, with a small decrease in pulse pressure. . . . In 3 cases there was an elevation of blood-pressure above the pre-induction level after the initial drop. . . . All cases demonstrated some increase in pulse-rate on induction, coincident with the decrease in blood-pressure and returning towards normal pre-induction rates as the blood-pressure returned towards normal. . . . There was no case of cardiac irregularity in this series. . . . There has been no complaint from any patient of pain at the site of injection of the kemithal solution or in the vein

into which it was injected. No embolism developed. Accidental injection of kemithal in 10 per cent solution into a superficial ulnar artery produced pain and vasospastic phenomena in the hand and arm, relieved immediately by brachial-plexus block. The vasospasm recurred three hours after induction of the brachial-plexus block and was again relieved by procaine block of the stellate ganglion of the same side. There was no recurrence, and the patient recovered without further incident. . . . Respiratory depression developed in 5 patients. . . . The absence of protracted postoperative depression and excitement during recovery is an outstanding feature of our experience with this series of 208 cases. . . . Post-operative recovery has been rapid and devoid of complications. Postanaesthetic depression and excitement have each been encountered in one case in this series. Major postoperative complications appear to have been related to the site of operation or to the original disease rather than to the use of kemithal. Kemithal is a satisfactory anaesthetic agent, which has particular advantages when anaesthesia must be maintained for a long time." 1 reference.

J. C. M. C.

MARKOWITZ, J.: *Resuscitation under Spinal Anaesthesia without Drugs*. J. Roy. Army M. Corps 86: 147-149 (Apr.) 1946.

"In the past three months we have given more than 600 spinal anaesthetics for surgical procedures of various degrees of severity. It irked us to use a spinal anaesthetic for the incision of an ischio-rectal abscess, for example, but we had no other supplies. This anaesthesia was not supported by pre-operative sedatives of any kind and it had to be sufficient for the job. As might be expected, amputation of the thigh subjects an anaesthetic to a se-