given before the Medical Society told that oxygenized chloroform held no advantage over the administering of the chloroform on a mask. . . . The following year, Dr. Kate Lobinger told of the use of chloroform in labor. She devoted a great part of her paper to extolling the virtues of Sir James Simpson. In 1898 came the first local paper on 'Infiltration Anesthesia,' written by Dr. W. E. Harwood. . . . In 1897 Dr. Saling Simon read before the Colorado State Medical Society, a paper on 'The Relationship of the Operation to the Anesthetist.' This appeared in the 'Medical Record.'"

J. C. M. C.

SULKIN, S. E., AND ZARAFONETIS, CHRISTINE: *Influence of Anesthesia on Experimental Neurotropic Virus Infections. II. In Vitro Studies with the Viruses of Western and Eastern Equine Encephalomyelitis, St. Louis Encephalitis, Poliomyelitis (Lansing), and Rabies.* J. Exper. Med. **85**: 559–569 (June 1) 1947.

"Experimental neurotropic virus infections previously shown to be altered by ether anesthesia are caused by viruses destroyed in vitro by anesthetic ether; this group includes the viruses of Eastern equine encephalomyelitis, Western equine encephalomyelitis, and St. Louis encephalitis. Experimental neurotropic virus infections which were not altered by ether anesthesia are caused by viruses which are refractory to the in vitro virucidal activity of even large amounts of anesthetic ether; this group includes the viruses of poliomyelitis (Lansing) and rabies. Quantitative studies of the in vitro virucidal activity of ether indicate that concentrations of this anesthetic within the range found in central nervous system tissues of anesthetized animals possess no virucidal activity. The lowest concentration of ether possessing significant virucidal capacity is more than 15 times the maximum concentration of the anesthetic tolerated by the experimental animal.

"Concentrations of ether 50 to 100 times the maximum amount tolerated by the anesthetized animal are capable of destroying large amounts of susceptible viruses, the average lethal dose (LD_{50}) being reduced more than 5 leg units. On the basis of the studies presented in this report, it cannot be concluded that direct virucidal activity of ether is not the underlying mechanism of the inhibition by anesthesia of certain experimental neurotropic virus infections. Indirect inhibition of the virus by the anesthetic through an alteration in the metabolism of either the host cell or the host animal as a whole appears at this point to be a more likely possibility." 23 references.

J. C. M. C.

VAN DER POST, C. W. H.: *First Experiences with Intraval Sodium.* S. A. Med. J. **21**: 526–527 (July 26) 1947.

"Messrs. May and Baker, Ltd., manufacturers of cyclonal sodium, have added to the advances in anaesthetics by marketing intraval sodium, also known as thiopentone soluble. Intraval sodium is a mixture of 100 parts by weight of sodium ethyl 1-butyl thiobarbiturate and 6 parts by weight of exsiccated sodium carbonate. . . . Intraval sodium is a potent anaesthetic producing narcosis of the same depth as pentothal sodium, and from practical experience it would appear to be less irritating to the tissues and somewhat shorter acting in the single-dose technic. No doubt the alkalinity of the solution accounts for this, and it is likely that intraval sodium will be less apt to thrombose a vein and to produce a chemical lymphangitis or ulceration of the surrounding tissues. The author has used intraval sodium