

analysis of the complicating factors . . . than the proposed surgery. . . . In the majority of cases general anesthetics, preferably cyclopropane-oxygen and pentothal sodium, are used for operations above the diaphragm which will allow a high oxygen concentration to be administered. In the patient in poor condition, regional anesthesia for upper extremities is chosen. In the abdomen and lower extremities spinal anesthesia is indicated with the exception of a very bad risk patient when regional and gas-oxygen anesthesia are employed. Sodium pentothal as a total anesthetic is to be condemned as it produces a profound depression of respiration in order to control pain and reflexes, together with the difficulty of keeping an even level of anesthesia, also, there is the danger of vomiting in the emergency cases. Curare is used as an adjunct to a light inhalation anesthesia or pentothal sodium in combination with gas and oxygen and to facilitate the introduction of the intratracheal tube to complete induction if respiratory tract spasm is in excess. Curare is employed where a reduction of the general anesthetic agent is necessary to prevent over-concentration in the patient in poor condition or the general anesthetic is not sufficient to control the reflexes of respiration or the abdomen.

"From the beginning to the end, the safety and well being of the patient in the surgery of trauma is of supreme importance. First, the complete knowledge of the patient's condition, secondly, the knowledge of the drugs used in anesthesia and their action on the patient in the presence of disturbed physiology and pathology, and last but not least, the efficient selection and

administration of these drugs to obtain the most satisfactory results during and after operation are important requisites."

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WRIGHT, G. A.: *Complicated Surgery of the Abdomen with Reference to Anesthesia, Drainage, Pre and Post-operative Care—with Case Reports.* Virginia M. Monthly 74: 418-422 (Sept.) 1947.

"The cases herein reported embrace only those having peritonitis or more than a regional scope, all of which were drained. It should be specifically mentioned that this series, consisting of 267 cases, were exceptionally ill patients. Our records show a mortality of 1.8 per cent—that is a total of five cases. . . . An immediate operation will not correct an already existing peritonitis; therefore, under pre-operative measures of a supportive nature, they usually become more favorable surgical risks, with a lesser tendency to bring surgery into disrepute. . . . The selection of an anesthetic is an all important problem, whether it be drop ether, gas-oxygen and spray ether, sodium pentothal, spinal anesthesia, or what not, the latter serving remarkably well by producing excellent muscular relaxation; however, it is not adaptable in all cases, being contraindicated in respiratory and other conditions with which you are no doubt familiar. . . . Lower abdominal operations can be done painlessly under [spinal anesthesia using] small dosage. In our hospital we have been using metycaine and thus far have not had a fatality from its use."

J. C. M. C.