

patients can be accomplished under inhalation anesthesia. Our choice in these cases was cyclopropane and oxygen.

"The anesthesiologist contributed only a small part to the care of the Texas City disaster victims. The important fact is that the anesthesia services rendered were vital. These services are organized to cooperate with all other general and specialty groups in the University of Texas Medical Branch." No references.

E. J. G.

WILLIAMS, O. C.: *Intravenous Ether (Diethylzoide) Used in the Treatment of Cases of Impending Gangrene and Impaired Circulation*. New Orleans M. & S. J. (Apr.) 1948.

Stimulated by the work of Katz on the use of ether intravenously in the treatment of impending ischemic gangrene, the author used the method in 22 cases of a similar nature. A 2½ per cent solution of ether was used, the daily dose being 25 cm. of stock ether in 1000 cm. of 5 per cent glucose or normal saline solution. A series of 12 such injections constituted a course of treatment.

Thorough studies, including numerous laboratory tests, were done on all cases before and after a course of treatment. No detrimental effects were demonstrated.

The 22 cases included thromboangitis obliterans, diabetic ischemic limb, arteriosclerosis, hypostatic ulcer, neurodermatitis and neuritis. Good results were obtained in 17 cases, fair results in 3 cases and poor results in 2 cases. The only side effects from treatment were emesis (2 cases) and extravasation of solution (1 case).

Relief from pain was one of the most gratifying findings. The treatment was not unpleasant to the patient and was considered safe in the dilution of

ether used. It can be given while patients are being prepared for surgery, if and when this becomes necessary. The author considers ether given intravenously a valuable agent if cases are carefully observed and evaluated prior to treatment. 1 reference.

C. C. L.

FINO, J. A., AND EISAMAN, J. R.: *Combined Local Infiltration Anesthesia and Pentothal Sodium Anesthesia in Cesarean Sections*. Am. J. Obst. & Gynec. 55: 887-890 (May) 1948.

The authors have combined local anesthesia and nitrous oxide analgesia with intravenous pentothal sodium in cesarean sections. Pentothal sodium is of choice because of its rapid, smooth induction and its relative safety as an anesthetic agent when properly used.

In such complications as placenta previa, toxemias, fetal distress and disproportion, in the presence of an upper respiratory infection, the authors have used a simplified technic of local infiltration anesthesia associated with intravenous pentothal sodium.

One per cent novocaine with adrenalin is used. The operative site is directly infiltrated with novocaine to include the dermis. Subcutaneous tissues are infiltrated down to the fascia; the fascia is infiltrated. The skin is incised to the fascia, hemostasis assured and the fascia incised. The recti muscles are infiltrated laterally to the outer borders of their sheaths. The peritoneum is directly infiltrated with novocaine. The peritoneum is incised and the preperitoneal tissues laterally, including the posterior portion of the rectus sheath, are again infiltrated. Upon exposure of the uterus, pentothal anesthesia is started and the uterus opened.

The technic was applied to a group of 40 patients. The length of time from the beginning of the infiltration