A classification may be based on either pathological anatomy, topography or aetiology. The author of the report considers the brief classification proposed by Bishop Harman to be suitable, and that it might be adopted as it stands.

The committee will feel obliged if their colleagues will address observations and information which they deem useful to the Secrétariat General, 66, Boulevard Saint Michel, Paris.

Professor van Duyse and the members of his committee are to be congratulated upon a notable piece of work.

**Intravenous Anaesthesia—Sodium Evipan**

From time to time in the practice of medicine there is discovered or revived a therapeutic agent whose usefulness, limited or otherwise, fails to receive its proper recognition owing to the lack of balanced assessment both by its enthusiastic proponents and by those who have condemned it for one reason or another after but a brief preliminary trial.

Recently some interest has been centred round the use of an intravenous anaesthetic, sodium evipan, a chemical relative of the barbiturate compound sodium amytal which a few years ago was proclaimed the ideal anaesthetic and was then abandoned. Sodium evipan has received a trial in ophthalmic surgery. The claims advanced in favour of it are the quiet induction of anaesthesia whilst the patient is in bed; the avoidance of the mental distress provoked by the journey to the theatre, the induction of a general anaesthetic or the strain involved during an operation under local anaesthesia; the quick recovery and the diminution of post-operative vomiting and discomfort. The disadvantages, which are of a variety that would cause very great concern to the ophthalmic surgeon, are sneezing as soon as the conjunctiva is touched with an instrument; paroxysms of coughing and muscular twitches amounting in some cases to jactitation. Cases have been reported of post-anaesthetic vomiting, sleeplessness, headaches, cardiac weakness with a rapid pulse and extra systole. Nine deaths have been reported in the literature.

The use of sodium evipan is contraindicated in hepatic disease, arteriosclerosis, pulmonary tuberculosis and asthma.

Lyle and Fenton (Brit. Med. Jl., April 13, 1935, p. 763), record the fact that they have used sodium evipan in over 200 ophthalmic operations at the Royal Westminster Ophthalmic Hospital and state that "our previous experience that evipan was an ideal anaesthetic for ophthalmic operations is definitely confirmed. . . . Happily in our whole series of cases we have not experienced the slightest anxiety at any time during the period of narcosis or
subsequently.” However, in discussing the “practical points” of evipan anaesthesia they mention the fact that premedication with omnopon and scopolamine diminishes the reflex movements of the patient and the sneezing reflex is less liable to occur. This consistency seems to detract from the strength of their case for the use of sodium evipan in ophthalmology.

Johnstone (Brit. Med. Jl., April 13, 1935, p. 761), states that in his experience premedication caused more unsatisfactory incidents and complications than in cases where this was omitted.

Sneezing can be lessened by using cocaine instillations into the conjunctival sac and some observers allege that muscular twitchings may be diminished and sometimes abolished by increasing the dose but all agree that there are technical difficulties such as jerking the needle out of the vein or failure to enter the vein on account of the uncontrollable and violent movements of the patient.

It would seem that in the uncertainty of action of sodium evipan lies a very real danger. The disasters that may attend any operations on the eye through sneezing, coughing, muscular twitchings and the rise of intra-ocular pressure that these would cause is obvious and at the present it seems unjustifiable to run such risks particularly for intra-ocular operations when such measures as a facial nerve block and the injection of Tenon’s capsule with a local anaesthetic, and a suture through the superior rectus muscle render operation possible even in patients most difficult to control.

The main disadvantages which have attended the use of any intra-venous anaesthetic up to date are the relative loss of control of the patient as compared with local anaesthesia, the uncertainty of the drug’s action in some individuals and in many instances the inability to rectify serious complications when these occur during or after operation.

In the case of sodium evipan it may be said that until its action can be controlled with greater precision and certainty its use as an anaesthetic in ophthalmic surgery is limited.

ALL-INDIA OPHTHALMOLOGICAL SOCIETY

Fourth Conference

The above Society held its Fourth Conference at Madras on April 22, 23 and 24, 1935. The President Elect was Lt.-Col. R. E. Wright, Professor of Ophthalmology and Superintendent, Govt. Ophthalmic Hospital, Madras. On the first day, Dr. E. V. Srinivasan, on behalf of the Reception Committee, welcomed the