Pentinal

Its administration and action as an
anaesthetic in Dental Surgery.

This name is given to a purified
form of Amylone. The drug, which
has been used, in all of my cases,
was prepared by C. A. F. Kehlbaum
at his laboratory, 35 Schlesische
Strasse, Berlin. The late Prof.
Kerner was the first to suggest
its preparation to Kehlbaum.

In many respects, especially in its
Physiological and Clinical action, when
inhaled by men, Pentinal resembles
its predecessor, Amylone. Amylone
was first introduced by Cawthorpe who
formulated it by action on Amyllic Alcolol
with zinc chloride. It was described
by Balard in 1844 (Annales de
Chimie et de Physique t. XXXVII 1844).
It is, however, to an eminent English
Anaesthetist, J. D. Bonner, that we
are indebted for most of what is known
as to the Physiological action and
symptoms exhibited by the human
subject when under the influence of
Amylone vapours. J. D. Bonner, writing
in the Medical Times & Gazette Jan 7th 1857
says: "I was not aware of the existence
of Amylone till a few months ago, or I
should have tried it sooner.

I now found by experiments on animals
(guinea-pigs Linets & mice) that the amount of each anesthetic agent necessary to produce complete anesthesia had a certain relation to the quantity of such agent that the blood in the body was capable of absorbing e.g. when the blood contained 1/8 part as much chloroform as it was capable of absorbing, a state of complete anesthesia was produced the same amount of ether produced a like result, whilst in the case of Amyl nitrite as much as the blood could absorb is required to produce a full anesthetic state or in other words the air must contain twenty per cent. of Amyl nitrite to fully maintain a guinea-pig. Thus gives the quantity of Amyl nitrite necessary to fully maintain the human subject at from 3 to 4 draehmen and I shall hope to show later on, that not nearly this quantity of Pentol is necessary, to produce full unconsciousness. About the same time that Snow was experimenting with Amyl nitrite in 1856 & 1857 (Janet, No. 26, 1856; Medical Times & Gazette 1857), other French observers were doing the same thing viz. Sigelberg and L. Kuenzler (Deutsche Klinik, No. 20, 1857), Foucard, (Gazette de Strassbourg 1857, p. 323), Egger & Pelizzi (Weiner klinische Wochenschrift, No. 28, 1867) and von Rebut (Bulletin de Therapie, No. 52, 1857). Since 1867 little appears to have been
done until 1862 when Pfeffermann in his work "Fassbinder's Darstellung" of 1861's pharmacology reports that he had read Lanyon's work in 1843 and at the present time (1862) the drug employed appears to have been an Amylene of an indefinite composition, having a boiling point varying from 25°C to 75°C and being an odourless, clear liquid which bares a resemblance to rotten cabbage or cat's urine. The various forms of Amylene are
produced by the chemical action of dehydrating agents on Amylene Alcohol, the agents used for this purpose being Chlorides of Zinc and Phosphoric Acid.

By these means the following are obtained:
1. Trimethyl ethylene, B-vic amylene, Pentyl having a formula C₅H₁₀, (CH₃)₂C₂H, C₃H₃, or CH₂-C₂H₃ C₂H₃ and a constant boiling point of 38°C.

2. α-Amylene, Propyl ethylene, having a formula C₅H₁₀, CH₂CH₂ - boiling at 37°C.

3. γ-Amylene, having a formula CH₃C₂H₅C₂H₂ and boiling at 38°C.

4. Pentane - formula C₅H₁₂, boiling at 29°C.

5. Polymeric Amylenes such as Octamylene boiling at 185°C.

It is only with the first of these that I wish to draw your attention viz Pentane.
Pental Literature.

4. It is only within recent times that we have heard of this drug — A paper by Prof. Rothender was delivered at Wiele before a meeting of the German Naturalists and Physicians in 1891. Breuer and Lampner employed it in brief operations in 1892. Also in the same year a paper by Dr. Julius Koska and Hrn. Neu mann of Budapest appeared, an abstract of which was inserted in British Journal of Dental Science June 1, 1892. In this & Connect, a Dental Surgeon in practice at Scarburgh, published a careful paper in the Journal of the British Dental Assn. May 15, 1893. In the Transactions of the Manchester Odontological Society, Nov. 1893, a short account appears by myself of the clinical effects of Dental obtained whilst giving a demonstration of the administration of the drug to ten patients before the audience. Chodatk has used the drug in the Clinic of Prof. Arndt — Prof. Worth assisted by Arna has experimented with Dental thanks to it being a dangerous Cardiac depressant. Wirth in 1894 praised the other Hand, considers it safer than Chloroform (Jamed Jounl 1896). In the Medical Annual for 1895, it is stated that at the Kaiser Friedrich Childrens Hospital Berlin, Chloroform and Dentol have been the only Anaesthetics used during the last fourteen months (Zeitschrift f. Mundheilkunde 3xxi). A useful paper by Dr. Leiser, Uber Pentalnarkose, Archiv f. Mundheilk. 1893. 203-207, Archiv f. Klin. 1894. 115-120 has
Preparation.

C. A. & Kahlbaum, in a letter to myself, states that his Pental is prepared by acting on Tertiary Amylic Alcohol with \( \text{FeCl}_3 \) Acid, when the water is eliminated without the formation of any by-products and pure Pental is obtained.

**Properties.**

Pental is a clear mobile colourless fluid, having no distinctive taste, but producing a slight sensation of warmth when placed on the tongue, and a slight irritation at the back of the pharynx when swallowed which, however, soon passes off. It is exceedingly volatile at ordinary temperature. It is also highly inflammable, burning with a yellow flame, from which a dense black smoke ascends, similar to that which is emitted from the flame of burning Camphor.

It possesses a Rachelotic action when dropped on the lips or face. It has a characteristic smell, being somewhat pungent, like wood spirit, but it is not disagreeable, infants never complaining of its odour. Nothing it readily converts, having any alarum on disinfectant.

Pental has a constant boiling point of \( 38^\circ \text{C} \) and a specific gravity of \( 0.678 \) at \( 10^\circ \text{C} \). It is also insoluble in water, floating on the top as a distinct layer, but readily mixes with Alcohol, Chloroform or Ether.
6. Apparatus Required.

Being at the ordinary temperature of the room as volatile, it is necessary to administer Dental by the closed method, i.e. with the admission of as little air as possible. If exhibited on an open cloth or piece of lint to the Patient, the same as Chloroform is frequently given, a large quantity of the drug is required to produce full narcosis. I gave it thus in my first two cases but in both the anaesthesia was not satisfactory. The first regimen 1 1/3 oz of the Dental took three minutes to produce full anaesthesia — the second took six drachms and was 2 1/2 minutes in becoming maintained. Both complained of a painful headache on regaining consciousness, which is rarely experienced when a portable Clark's Ether Inhaler is used. This apparatus has been the one which I have constantly employed in all my cases, amounting altogether to 160, in which I have administered Dental, except the two above mentioned.

Method of Administering.

Two drachms of Dental should be poured into the metal reservoir, and the indicator turned to 0 prior to the application of the face piece. The Patient should then be encouraged to fill the small bag under his inspirations, this is accomplished by pressing the face piece firmly against the face during
expiration and retaining the pressure during inspiration. Then turn the
indication gradually but at the same
time rapidly to 3, ready to il-
necessary to turn it to F or Gullon.
In some cases I have turned the indication
to 1 prior to the application of the face
piece and oxygen when this has been
done the patient have become unconscious
more rapidly with less expansion of
muscles than when allowed to expand
the bag previous to administration or
burning in of vapour.
Dental should be administered as the patient
much more rapidly than is advisable
in administering ether, and in doing
so one is assisted by the absence of
Coughing, Struggling and fighting for breath
As characteristic of the latter drug especially
if given alone without the previous
inhalation of Nitrous Oxide gas, or if
administered too quickly.
Preparation of Patients:
In all my cases upon which I have dealt
a record Dental has been administered
between 9:10 A.M. without any restriction
as to diet, or in other words it has
been given about one half hour after
breakfast - and in one case only has
any vomiting been observed on those
orders returning - the cases have not been
disturbed but taken as is usual as they
apply at the Victoria Dental Hospital.
Clothing.

It is of the greatest importance to see 

provisions to administration that all the 
clothes we quite loose, that there is

nothing tight round the neck, that the

thoracic and abdominal movements are 

not impeded by any tight getting bands

or corsets. This precaution to one

which should be taken before giving

any anaesthetic with nitrous oxide gas

anaesthetics. It seems unnecessary to
dwell on this when it is not that I

believe Nitrous oxide gas is given daily

in hundreds of cases by qualified

Dental Surgeons, in which this

anaesthetic is systematically neglected. In fact, I

have heard a Dental Surgeon observe

"That the beauty of Nitrous oxide gas so

that it is quite unnecessary to render

your Lady Patients' but I think few

Anaesthetists of the present day would

agree with this statement. Nitrous

oxide gas is so safe that the old

maxim: Familiarity breeds contempt comes into play and is able to make

one careless in its administration.

But Anaesthetists should ever bear in

mind that it is generally the

unexpected that happens. It is rare

that your delicate stinging and fragile

Patient is the one to succumb under

an Anaesthetic but generally it is

your young robust looking phthisic and

naturally highly nervous young adult.
that is apt to suddenly collapse, when you least suspect it.

Position of Patient.

In all my cases the Patients were sitting up in a Dental chair. If this position be chosen the head should not be flexed in the chest, nor, on the other hand, should it be hyper-extended, but if possible, should rest in an easy position mid-way between the two.

Judging from the signs of Cardiac Failure which sometimes occur, I believe, that probably the administration of Dentul would be much safer if given whilst the Patient was in the horizontal position, for one cannot help thinking that in this respect it resembles Thorium. The latter of course should never be given to any one except when lying down. Should it be necessary to administer an Anaesthetic to a patient whilst sitting up, the one chosen should be Nitrous Oxide gas, followed by Ether given as described by Dr. Hunt in his book "Anaesthetic Ether administered," 1893, p. 175-185. Of this I have had considerable experience, using for the purpose a Closer Ether Inhaler through which Nitrous Oxide gas is made to pass through a Hunt's Valve - valve cap. p. 184
Symptoms noticeable on inhaling Chloroform: At first the pulse is quickened, it then becomes fuller or even bounding at the same time the number of Respiration per minute is increased. Then follows in most cases, a dilation of the Capillaries of the face, as shown by a visible flushing of the face exactly similar to that observed after the inhalation of Tributyl Amyl. Swallowing movements, probably indicating an increase in the quantity of saliva secreted, are sometimes observed, but in no instance has coughing, hiccup or struggling been noticed. Here these appear to be no intractable stage which is as frequently observed during the administration of Chloroform Ether. Screaming may occur and dreams, generally of a pleasant nature are frequently experienced. One patient told me he was engaged in a game of football and another was evidently much amused at requiring consciousness before the termination of his dream. During the screaming stage, which is not however always present, the patients are in a state of anesthesia, but yet are conscious enough to do what they are bid. (Philip) thus, on telling them to open their mouth, they do so and a tooth may be extracted without causing any feeling of pain. In this respect the action of Pentol
differs from that of M. Ausde Gab. In the latter, as is so well pointed out by Dr. Dudley Hewitt, when operations are performed before the patient is fully narcotised, the pain is not only felt, but intensified, thus I can verify from my own personal feelings. Zivas at one time bound to undergo an operation of a painful nature which necessitated the administration of an Anæsthetic. M. Ausde Gab was given some by a colleague, the Surgeon commenced to operate before Zivas was fully narcotised. I felt the pain of intense torture. The Volkmann's phenomenon most acutely felt was unable to move one finger. None of the usual sounds of patients complaining in the same way but little did I believe them. As it came to my turn to experience the unspeakable sensation of being burnt yet having no power to resist. Spasms of muscles, either local or general are frequently noticed especially affecting muscles of jaw and extremities, and occasionally spasm of muscles of larynx causing elevation of vocal cords and larynx opening on inspiration and contracting on expiration. In some few cases, owing to severe spasm of jaw, a plate was inserted between the teeth. When no: to the commencement of the inhalation and laryngeal breathing was frequently
enduced - This, it has substantially, to the
Jawbones, the Dental directly coming in
contact with the muscles which close the
glottis, and exciting them and a
Spasm - and since then, more recently,
administered Dental with a Faradic
Instrument in its administration. Varying
glands, has been met with very rarely - and
when it does occur it may be due
do direct irritation of central nervous
system. With the left side
Enriched time is wasted in forcing open
the joints or in opening the mouth
in this respect. Dental acts in a
similar manner to Tubino Acide 
The lid reflex is usually present under
the Anaesthetic, the deep and the Conjuctival
reflex is not noticeable under the same
conditions - When deeply under the drug
are dilated as a rule. The eye balls
are generally turned upwards under the
upper eyelids. and in not a few
instances, the conjunctival vessels are
enlarged & prominent - When fully
anaesthetized, the arm is paralysed and
let fall, obliquely helplessly to the side
Kadlberger. [Wien Wochenschrift 1849]

This is a point also mentioned by Mr.
Conduit, who administered Dental to
180 Patients and was one of the first to
apply it in actual Practice in this
Country.

At the height of Anaesthetic or when
fully anaesthetized the Joints becomes small

12
Already or even running. Here is
no Gnosis nor disturbance of the
features noticeable in ordinary cases

Adriano breathing is very rare -
Mididi and Opisthotonus have never
been observed whilst under
Opiate hypnosis and Clonic Twitching of
muscles have been noticed in a few
instances and not during cases taken
over marked Twitching of muscles of Face
Arms Legs which amounted to a
General Contraction.

As a rule, the patients are quite
tranquil during the whole time of the
administration, breathing the drug quite
quietly. The breathing can hardly
be heard, in this lies one great change
as it necessitates careful watching on
the Administrator’s part, to see to detect
any change of the respiration.

This perfect Portal is analogous to Chloroform Amalakite Ether, in which
the breath sounds are not only not
diminished but intensified.

On regaining consciousness the patients
open their eyes slowly and with a
Vacant Bewildered stare such as to
beem in the midst. If a drunken man
I like him, they get up and walk
away with a slight advance, faint, away
from side to side – Recovery is very
rapid, and is not followed by any
drowsiness or stupefication, such as is
after Chloroform & Ether narcosis.
After Effects.

As a rule there are none. Jactio, Feeling quite well 3 minutes after the removal of the force piece I am able to walk out of the house. We have only noticed one case of vomiting after regaining consciousness and 3 or 4 cases of a feeling of nausea. There may be slight headache which comforms later.

In one of my cases, a man who fainted in the waiting room whilst awaiting his turn, one after effect was complained of, the anesthesia was in every way satisfactory. It will be observed that the symptoms of full anesthesia are in many cases entirely vague, it is not always easy to determine the exact time at which full narcosis has taken place. To recognize when the patient is in a fit state for an operation one must be guided by

1. Flushing of face
2. Small pulse
3. Turning upwards of eye balls
4. Dilatation of pupils (occasionally)
5. Falling of uplifted arm
6. Time taken to produce full anesthesia

One case of warming, jactio, frequently are not to become more deeply anaesthetized especially if they are anxious after the removal of the force piece. I have given Penitil to 160 persons, in 148 of these the time occupied by the inhalation...
in the Pre-anesthetic stage varied
from thirty to one hundred twenty sec-
with an average of fifty nine seconds.
The period of Anesthesia varied from
twenty five seconds to two hundred then-
seconds with an average of seventy-
 nine seconds - Thus it will be showed
that when compared with Nitrous Oxide
Gas, the Patients are slightly longer
in going under and remain
unconscious longer. Whilst under N20
you can only depend on an anesthesia
lasting 42 secs, under Pentil you can
only on having a period of 76 secs.

Advantages of Pentil

1. When administered in a similar manner
such as which Nitrous Oxide Gas is
generally given you by one application
of the Face-piece without removed without
being re-applied, we have, as shown
above, a quiet gain in the period of
Anesthesia which enables several
difficult teeth to be extracted at one
going, in one of my cases as many
as fourteen teeth were extracted

2. The apparatus necessary for its administration
is compact & portable

3. It requires no special training or technique
for its administration - Anyone competent
with the use of Clover's Portable Inhaler
the administration of Ether, can give Pentil
only more care is required to watch the
breathing -
4. There is no struggling stage. No
debates to drug either in Freeman or Pater.
5. No excessive action or action.
6. The amount of Pental required to
induce sleep anesthetia is not
7. Absence of after symptoms e.g. vomiting.

Disadvantages of Pental:
1. It is sometimes in its action, varying
in different individuals; sometimes the
symptoms of sleep anesthetia are indefinitely
therefore too much may be easily given.
2. On opening a bottle, which contains
about 20 drachms, evaporation quickly
takes place, and probably a change
in its composition takes place, which
accounts for the marked differences
in kind of the anesthesia & anesthetic
stages in different individuals in my
list of recorded cases. (see table)
3. Breathing is nasolarynx, ear must be
4. Breathing sometimes is noticed, which
is disturbing to the anesthetist, and
5. Phlegm in sleep anesthetia occasionally occurs.
6. Sudden stoppage of Inspiration
7. Sudden Failure of heart's action.
Table of Cases (148) in which Pentil was administered.

Complete records of 21 Males & 127 Females, varying in age from 10 yrs to 72 yrs - the average age being twenty-three years. The duration of anaesthesia varied from one to fourteen with an average of four.

The anesthetic stage varied from thirty to one hundred and ten seconds with an average of fifty-five seconds. - The anaesthetic stage varied from twenty-five to two hundred and ten seconds with an average of seventy-five seconds.

Physostigmine was noticed in six cases (Nos 5, 7, 30, 40, 103, 146).

Phrenic or screaming was observed in 8 cases (Nos 55, 63, 68, 92, 104, 110, 123, 137).

Pentil was given to one marked epileptic subject (No 30).

Vomiting on recovering noticed in one case only (No 7).

There was sudden stoppage of respirations in two cases (Nos 11, 17) both of which recovered after artificial respiration had been carried out in one case for four minutes & in the other for five minutes. I have to record one death which took place whilst under the influence of Pentil. (No 148) - Alice Rebecca Arlingstill, applied at the Victoria Dental Hospital on Dec. 15th, 1898 - She was married, aged 23 yrs, had two children, one 3 yrs & the other two months old. She was not sickly but had commenced to menstruate that morning, thus I did
not know.

of females to commencing the administration
Heart sounds quickened considerably, this
ever was no bruit - No adventitious sounds
could be heard over the lungs - She
was well developed, though somewhat
fat for so young a woman - I had
reached the point at the same bottle
for the two previous cases (No. 1469/147)
and I had only about one draught left.
Patient told the anaesthetic well though
somewhat nervous, she commenced to
breathe very quickly at first but on
being told to take it more quietly the
breathe slower became unconscious
in 44 secs. Four stumps had been
extracted when I noticed the face
becoming pale at the same time respirations
movements ceased the pulse was very
quick but could be distinctly felt.
The was quickly removed from the stretcher
chair on to the floor - Artificial respiration
Skiatt's method, was commenced but
there was no sign of any attempt at
voluntary respiration - The feet & legs
were elevated & bathed by the students
present - An enema of natria was given
for refection, though injected slowly, none
of it was retained - Warm cloths were
applied to the precordium - Traction was
physiologically made on the tongue - A
hypodermic injection of strychnine was also
given - The pupils were at this time,
five minutes after the removal of the Face
piece only moderately dilated. The heart
could be heard with the stethoscope fully
flattening. At no time was any cyanosis
observed, but rather a paleness of the face.
There was no sweating—on applying
the Batton over the Phrenic Nerve in which
I over the Diaphragm three distinct
short contractions of that muscle were
noticed. Then ceased, soon afterwards
the pupils became widely dilated. The
tongue felt cold to the touch. Artificial
respiration was continued for one hour
but there was no response. An
Inquest on the body was held by the
Manchester City Coroner on Dec. 18th 1896,
but which no verdict was returned by.

"Death from Syncope whilst under the
influence of an Anaesthetic."

No post-mortem examination was allowed.
Death in this case was definite and
due to any reflex action on account of the
patient not being fully monitored, as
she showed no sign of any pain being
felt during the extraction of the teeth.
Considering the small amount of drug
used and the short period of the
inhalation I am led to believe that
Pentid is a more potent drug than
the rest of the German sedatives used
the reports of the German writers lead
one to suppose—it probably acts
directly on the Respiration Centre as a
Paralyzing agent—and insteal may in
some instances probably stop the act of
Respiration by causing tonic contraction of
the Diaphragm.
Death States

Mr. Constant administered Pentol to 180 patients; there was one death, but in one case it was necessary to perform artificial respiration for seven minutes before voluntary respiration was re-established.

I have given Pentol in 180 cases, have had one death. Thus cases resemble taken by artificial respiration.

There have been one or two deaths in Germany whilst under Pentol.

D. Hægler reports that a Medical Student nearly died while inhaling Pentol as a demonstration (Arbela. Journal of British Dental Assc. May 15th, 1893).

I hereby declare that the above has been entirely written by myself, and based on my own observations.

April 29, 1896

[Signature]

190 Oxford St.

Manchester
PENTAL GIVEN FOR EXTRACTION OF TEETH,

By J. PRINCE STALLARD, M.B.

<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Age</th>
<th>Occupation</th>
<th>No. of Extractions</th>
<th>Pre-Anesthetic Stage</th>
<th>Stage of Anesthesia</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Louisa Chandley</td>
<td>22</td>
<td>Umbrella maker</td>
<td>1</td>
<td>180</td>
<td>90</td>
<td>Open-method, administered on a Napkin.</td>
</tr>
<tr>
<td>2. Hilda Rawlinson</td>
<td>16</td>
<td>Box maker</td>
<td>4</td>
<td>165</td>
<td>—</td>
<td>Open method. Violent headache, lasting all day afterwards.</td>
</tr>
<tr>
<td>3. Sarah Jackson</td>
<td>19</td>
<td>—</td>
<td>9</td>
<td>82</td>
<td>120</td>
<td>Clover's Inhaler. Violent headache all day afterwards.</td>
</tr>
<tr>
<td>4. Lizzie Renshaw</td>
<td>19</td>
<td>Machinist</td>
<td>3</td>
<td>67</td>
<td>120</td>
<td>No headache or other ill effects immediately after. Clover's Inhaler.</td>
</tr>
<tr>
<td>5. Mary Todd</td>
<td>32</td>
<td>—</td>
<td>4</td>
<td>90</td>
<td>150</td>
<td>Opisthotonos. Alcoholic subject.</td>
</tr>
<tr>
<td>6. Annie Marshall</td>
<td>20</td>
<td>Servant</td>
<td>5</td>
<td>60</td>
<td>90</td>
<td>Headache for two hours after.</td>
</tr>
<tr>
<td>8. Nellie Broddick</td>
<td>29</td>
<td>—</td>
<td>4</td>
<td>75</td>
<td>150</td>
<td>Marked rigidity, pupils dilated 1½ m.m. Laryngeal breathing.</td>
</tr>
<tr>
<td>9. Minnie Grice</td>
<td>18</td>
<td>Dressmaker</td>
<td>2</td>
<td>50</td>
<td>60</td>
<td>—</td>
</tr>
<tr>
<td>10. Lizzie Arnold</td>
<td>20</td>
<td>—</td>
<td>2</td>
<td>87</td>
<td>105</td>
<td>Corsets tight. Artificial respiration four minutes.</td>
</tr>
<tr>
<td>11. Bessie Shutter</td>
<td>17</td>
<td>—</td>
<td>2</td>
<td>50</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>13. Emily Parr</td>
<td>20</td>
<td>—</td>
<td>6</td>
<td>48</td>
<td>65</td>
<td>No spasm.</td>
</tr>
<tr>
<td>14. Kate Greenwood</td>
<td>26</td>
<td>—</td>
<td>5</td>
<td>69</td>
<td>150</td>
<td>—</td>
</tr>
<tr>
<td>16. Ethel Shepherd</td>
<td>18</td>
<td>—</td>
<td>1</td>
<td>53</td>
<td>60</td>
<td>(No gag inserted in all above.)</td>
</tr>
<tr>
<td>18. Clara Richmond</td>
<td>25</td>
<td>—</td>
<td>1</td>
<td>93</td>
<td>90</td>
<td>—</td>
</tr>
<tr>
<td>19. Anna Williams</td>
<td>17</td>
<td>—</td>
<td>5</td>
<td>50</td>
<td>75</td>
<td>Delicate girl, no muscular spasm.</td>
</tr>
<tr>
<td>20. Rose Davis</td>
<td>18</td>
<td>—</td>
<td>2</td>
<td>50</td>
<td>25</td>
<td>Slight spasm of jaw muscles.</td>
</tr>
<tr>
<td>21. Helen Fawcett</td>
<td>16</td>
<td>—</td>
<td>4</td>
<td>50</td>
<td>63</td>
<td>—</td>
</tr>
<tr>
<td>22. May Anthony</td>
<td>20</td>
<td>—</td>
<td>2</td>
<td>54</td>
<td>64</td>
<td>Pulse good throughout.</td>
</tr>
<tr>
<td>23. Rose Heather</td>
<td>16</td>
<td>—</td>
<td>2</td>
<td>50</td>
<td>60</td>
<td>Epileptic subject. Opisthotonos.</td>
</tr>
<tr>
<td>24. Jane Snythe</td>
<td>15</td>
<td>—</td>
<td>6</td>
<td>60</td>
<td>43</td>
<td>—</td>
</tr>
<tr>
<td>25. Hannah Jones</td>
<td>14</td>
<td>—</td>
<td>10</td>
<td>56</td>
<td>62</td>
<td>—</td>
</tr>
<tr>
<td>26. Amy Worsnop</td>
<td>23</td>
<td>—</td>
<td>6</td>
<td>65</td>
<td>90</td>
<td>—</td>
</tr>
<tr>
<td>27. Martha Tamworth</td>
<td>29</td>
<td>—</td>
<td>3</td>
<td>53</td>
<td>63</td>
<td>—</td>
</tr>
<tr>
<td>28. Mary McDermott</td>
<td>37</td>
<td>—</td>
<td>1</td>
<td>45</td>
<td>85</td>
<td>—</td>
</tr>
<tr>
<td>29. Isabella Lawson</td>
<td>36</td>
<td>—</td>
<td>4</td>
<td>42</td>
<td>115</td>
<td>—</td>
</tr>
<tr>
<td>30. Charlotte Young</td>
<td>13</td>
<td>—</td>
<td>3</td>
<td>32</td>
<td>63</td>
<td>—</td>
</tr>
<tr>
<td>31. A. Morris</td>
<td>29</td>
<td>—</td>
<td>14</td>
<td>65</td>
<td>100</td>
<td>—</td>
</tr>
<tr>
<td>32. Rebecca Inglebury</td>
<td>25</td>
<td>—</td>
<td>3</td>
<td>50</td>
<td>65</td>
<td>—</td>
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<tr>
<td>Patients Name</td>
<td>Age</td>
<td>Occupation</td>
<td>No of Respiration</td>
<td>Pre-Anaesthetic Stage</td>
<td>Stage of Anaesthesia</td>
<td>Remarks</td>
</tr>
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</tr>
<tr>
<td>Alice Thower</td>
<td>28</td>
<td>Machinist</td>
<td>4</td>
<td>53</td>
<td>68</td>
<td>No muscular spasms, pulse small.</td>
</tr>
<tr>
<td>Ada Welcome</td>
<td>20</td>
<td>—</td>
<td>5</td>
<td>35</td>
<td>48</td>
<td>Pulse small, no spasm.</td>
</tr>
<tr>
<td>Martha Gray</td>
<td>31</td>
<td>—</td>
<td>6</td>
<td>50</td>
<td>55</td>
<td>Eyes open during anaesthesia.</td>
</tr>
<tr>
<td>James Warcham</td>
<td>15</td>
<td>—</td>
<td>2</td>
<td>45</td>
<td>58</td>
<td>Eyes open during anaesthesia.</td>
</tr>
<tr>
<td>Ada Lawson</td>
<td>22</td>
<td>Box maker</td>
<td>5</td>
<td>45</td>
<td>35</td>
<td>Spasmodic twitching of legs.</td>
</tr>
<tr>
<td>Emmie Richardson</td>
<td>20</td>
<td>—</td>
<td>6</td>
<td>45</td>
<td>45</td>
<td>No spasm.</td>
</tr>
<tr>
<td>Maud Byron</td>
<td>13</td>
<td>—</td>
<td>4</td>
<td>47</td>
<td>90</td>
<td>Opisthotonos, well marked.</td>
</tr>
<tr>
<td>Mercy Broadbent</td>
<td>21</td>
<td>—</td>
<td>7</td>
<td>65</td>
<td>105</td>
<td>No spasm.</td>
</tr>
<tr>
<td>Henry Hasham</td>
<td>36</td>
<td>Tinplate worker</td>
<td>—</td>
<td>60</td>
<td>120</td>
<td>Laryngeal breathing; had Nitrous Oxide seven times previously.</td>
</tr>
<tr>
<td>Kate Blake</td>
<td>22</td>
<td>—</td>
<td>3</td>
<td>30</td>
<td>45</td>
<td>Pupils dilated.</td>
</tr>
<tr>
<td>Annie Brown</td>
<td>33</td>
<td>—</td>
<td>3</td>
<td>60</td>
<td>90</td>
<td>Spasm of jaw, pupils dilated.</td>
</tr>
<tr>
<td>Matilda Jenkins</td>
<td>19</td>
<td>—</td>
<td>3</td>
<td>40</td>
<td>60</td>
<td>Laryngeal breathing.</td>
</tr>
<tr>
<td>Sophia Hopkins</td>
<td>13</td>
<td>—</td>
<td>2</td>
<td>40</td>
<td>90</td>
<td>No spasm.</td>
</tr>
<tr>
<td>John Thomas</td>
<td>19</td>
<td>—</td>
<td>3</td>
<td>40</td>
<td>75</td>
<td>Laryngeal breathing.</td>
</tr>
<tr>
<td>Mary Tong</td>
<td>23</td>
<td>—</td>
<td>3</td>
<td>40</td>
<td>90</td>
<td>No spasm.</td>
</tr>
<tr>
<td>Emma Jordan</td>
<td>23</td>
<td>—</td>
<td>1</td>
<td>40</td>
<td>90</td>
<td>Laryngeal breathing, no phonation.</td>
</tr>
<tr>
<td>Amelia Clarke</td>
<td>25</td>
<td>—</td>
<td>4</td>
<td>50</td>
<td>70</td>
<td>Screaming, no pain, analgesic state.</td>
</tr>
<tr>
<td>Elizabeth Griffin</td>
<td>24</td>
<td>—</td>
<td>2</td>
<td>40</td>
<td>60</td>
<td>Marked muscular spasm. See No. 46; Second Administration.</td>
</tr>
<tr>
<td>Florence Reid</td>
<td>27</td>
<td>—</td>
<td>9</td>
<td>40</td>
<td>70</td>
<td>Muscular spasms well marked, phonation.</td>
</tr>
<tr>
<td>John Thomas</td>
<td>19</td>
<td>—</td>
<td>3</td>
<td>40</td>
<td>45</td>
<td>Laryngeal breathing, no phonation.</td>
</tr>
<tr>
<td>Mary Manley</td>
<td>24</td>
<td>—</td>
<td>5</td>
<td>50</td>
<td>60</td>
<td>Screaming, no pain, analgesic state.</td>
</tr>
<tr>
<td>Winifred Roberts</td>
<td>22</td>
<td>—</td>
<td>1</td>
<td>30</td>
<td>180</td>
<td>No spasm, flaccid, gag not inserted.</td>
</tr>
<tr>
<td>Agnes Newton</td>
<td>17</td>
<td>—</td>
<td>3</td>
<td>45</td>
<td>60</td>
<td>No gag, spasm of jaw, strongly built.</td>
</tr>
<tr>
<td>Rose Devoni</td>
<td>10</td>
<td>—</td>
<td>3</td>
<td>—</td>
<td>—</td>
<td>No gag, marked spasm of jaw, headache.</td>
</tr>
<tr>
<td>Ellen Taff</td>
<td>23</td>
<td>—</td>
<td>—</td>
<td>50</td>
<td>70</td>
<td>Marked spasm of jaw, no after symptoms.</td>
</tr>
<tr>
<td>Letitia Reed</td>
<td>35</td>
<td>—</td>
<td>8</td>
<td>50</td>
<td>90</td>
<td>No gag, swallowing.</td>
</tr>
<tr>
<td>Nellie Rothwell</td>
<td>16</td>
<td>—</td>
<td>4</td>
<td>45</td>
<td>70</td>
<td>Phonation, rigidity, small pulse, good colour, eyeballs turned upwards, pupils dilated.</td>
</tr>
<tr>
<td>Mary Kendall</td>
<td>20</td>
<td>—</td>
<td>1</td>
<td>40</td>
<td>70</td>
<td>Swallowing, no rigidity, pulse small, conjunctive congested. No rigidity, no phonation.</td>
</tr>
<tr>
<td>Emily Makin</td>
<td>29</td>
<td>—</td>
<td>4</td>
<td>60</td>
<td>40</td>
<td>Phonation, pulse good.</td>
</tr>
<tr>
<td>Nellie Tilley</td>
<td>19</td>
<td>—</td>
<td>10</td>
<td>—</td>
<td>—</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>Walter Apley</td>
<td>13</td>
<td>—</td>
<td>6</td>
<td>45</td>
<td>70</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>Sam. Arnold</td>
<td>23</td>
<td>—</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>Lucy Redford</td>
<td>21</td>
<td>—</td>
<td>6</td>
<td>45</td>
<td>60</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>Mary Hooper</td>
<td>23</td>
<td>—</td>
<td>8</td>
<td>50</td>
<td>75</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>Carrie Clarke</td>
<td>39</td>
<td>—</td>
<td>6</td>
<td>—</td>
<td>—</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>Ellen Bence</td>
<td>24</td>
<td>—</td>
<td>5</td>
<td>—</td>
<td>—</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>Patient's Name</td>
<td>Age</td>
<td>Occupation</td>
<td>No. of Extractions</td>
<td>Pre-Anesthetic Stage</td>
<td>Stage of Anesthesia</td>
<td>Remarks</td>
</tr>
<tr>
<td>----------------------</td>
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<td>---------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>---------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>72. Alice Brown</td>
<td>29</td>
<td>Umbrella maker</td>
<td>5</td>
<td>45</td>
<td>75</td>
<td>Anesthesia with N₂O about 10 secs.</td>
</tr>
<tr>
<td>73. Lucy Palfrener</td>
<td>22</td>
<td>Servant</td>
<td>2</td>
<td>45</td>
<td>75</td>
<td>Gag inserted prior to administration.</td>
</tr>
<tr>
<td>74. Eva Higginbotham</td>
<td>17</td>
<td>Mantle maker</td>
<td>5</td>
<td>45</td>
<td>85</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>75. Alfred Walstone</td>
<td>24</td>
<td>Lamplighter</td>
<td>2</td>
<td>55</td>
<td>90</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>76. Bridget Flynn</td>
<td>25</td>
<td>Domestic</td>
<td>2</td>
<td>55</td>
<td>50</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>77. Nellie Crossland</td>
<td>15</td>
<td>—</td>
<td>3</td>
<td>55</td>
<td>35</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>78. Maggie Appleby</td>
<td>18</td>
<td>Home</td>
<td>2</td>
<td>55</td>
<td>60</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>80. Mary Sidebotham</td>
<td>34</td>
<td>Cleaner</td>
<td>2</td>
<td>55</td>
<td>30</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>81. Florence Swain</td>
<td>19</td>
<td>—</td>
<td>3</td>
<td>55</td>
<td>50</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>82. Nellie Bothwell</td>
<td>17</td>
<td>Home</td>
<td>2</td>
<td>55</td>
<td>35</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>84. Emma Rankin</td>
<td>15</td>
<td>Servant</td>
<td>3</td>
<td>55</td>
<td>30</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>85. William Hicks</td>
<td>33</td>
<td>Signalman</td>
<td>6</td>
<td>55</td>
<td>120</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>86. Emma Whitworth</td>
<td>28</td>
<td>—</td>
<td>8</td>
<td>55</td>
<td>67</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>87. Florence Hudson</td>
<td>21</td>
<td>—</td>
<td>5</td>
<td>55</td>
<td>80</td>
<td>Gag inserted.</td>
</tr>
<tr>
<td>88. Annie Goodier</td>
<td>11</td>
<td>School</td>
<td>3</td>
<td>55</td>
<td>64</td>
<td>Child; took it well.</td>
</tr>
<tr>
<td>89. Eliza Poole</td>
<td>29</td>
<td>Servant</td>
<td>4</td>
<td>55</td>
<td>70</td>
<td>Anemic, nervous man.</td>
</tr>
<tr>
<td>90. Walter Savage</td>
<td>32</td>
<td>Draper</td>
<td>2</td>
<td>55</td>
<td>75</td>
<td>Satisfactory.</td>
</tr>
<tr>
<td>91. Flo Thurston</td>
<td>22</td>
<td>Servant</td>
<td>5</td>
<td>55</td>
<td>55</td>
<td>Phonation, struggling.</td>
</tr>
<tr>
<td>92. Harriet Townsend</td>
<td>24</td>
<td>House</td>
<td>7</td>
<td>55</td>
<td>80</td>
<td>Swollen glands in neck, pupils dilated, prop inserted, no spasm.</td>
</tr>
<tr>
<td>93. James Jones</td>
<td>23</td>
<td>Home</td>
<td>5</td>
<td>55</td>
<td>90</td>
<td>Pupils dilated, no spasm.</td>
</tr>
<tr>
<td>94. Chrissie Brennell</td>
<td>27</td>
<td>Home</td>
<td>8</td>
<td>55</td>
<td>100</td>
<td>Second administration; see No. 92. Satisfactory.</td>
</tr>
<tr>
<td>95. Arthur Grainger</td>
<td>27</td>
<td>Clerk</td>
<td>7</td>
<td>55</td>
<td>90</td>
<td>Flushing of face, eyes turned upwards, swallowing movements.</td>
</tr>
<tr>
<td>96. Flo Thurston</td>
<td>22</td>
<td>Servant</td>
<td>5</td>
<td>45</td>
<td>60</td>
<td>No phonation, pupils not dilated.</td>
</tr>
<tr>
<td>97. Ellen Smith</td>
<td>18</td>
<td>Servant</td>
<td>2</td>
<td>45</td>
<td>45</td>
<td>See No. 98; Second administration.</td>
</tr>
<tr>
<td>98. Ellen Breeze</td>
<td>24</td>
<td>Servant</td>
<td>3</td>
<td>45</td>
<td>45</td>
<td>Pulse good, pupils dilated.</td>
</tr>
<tr>
<td>99. Alice Lindince</td>
<td>15</td>
<td>Home</td>
<td>2</td>
<td>45</td>
<td>45</td>
<td>Opisthotonos.</td>
</tr>
<tr>
<td>100. Ellen Breeze</td>
<td>24</td>
<td>Servant</td>
<td>3</td>
<td>45</td>
<td>45</td>
<td>Phonation, rigidity, pupils not dilated.</td>
</tr>
<tr>
<td>101. Eliza Lockyer</td>
<td>26</td>
<td>Servant</td>
<td>1</td>
<td>45</td>
<td>35</td>
<td>Anemic; pupils dilated.</td>
</tr>
<tr>
<td>102. Eliza Kinsey</td>
<td>22</td>
<td>Home</td>
<td>5</td>
<td>45</td>
<td>75</td>
<td>Rigidty of jaw.</td>
</tr>
<tr>
<td>103. Eliza Thornton</td>
<td>39</td>
<td>Home</td>
<td>7</td>
<td>45</td>
<td>105</td>
<td>Fainted before administration, rigidity of muscles.</td>
</tr>
<tr>
<td>104. Caroline Hughes</td>
<td>25</td>
<td>Servant</td>
<td>3</td>
<td>45</td>
<td>80</td>
<td>Screamed once, pulse small.</td>
</tr>
<tr>
<td>Patient's Name</td>
<td>Age</td>
<td>Occupation</td>
<td>No. of Extractions</td>
<td>Pre-Anesthetic Stage</td>
<td>Stage of Anesthesia</td>
<td>Remarks</td>
</tr>
<tr>
<td>---------------</td>
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<td>--------------------------------------</td>
</tr>
<tr>
<td>111.—Agnes Fogg</td>
<td>25</td>
<td>Servant</td>
<td>2</td>
<td>43</td>
<td>100</td>
<td>Very satisfactory. Pale, nervous.</td>
</tr>
<tr>
<td>112.—Jane Peers</td>
<td>28</td>
<td>Servant</td>
<td>4</td>
<td>45</td>
<td>60</td>
<td>Pupils dilated.</td>
</tr>
<tr>
<td>113.—Alfred Chapman</td>
<td>34</td>
<td>Maker-up</td>
<td>1</td>
<td>60</td>
<td>70</td>
<td>Pulse small, pupils dilated, reflexes present.</td>
</tr>
<tr>
<td>114.—Cissy Bruneell</td>
<td>21</td>
<td>Shopkeeper</td>
<td>3</td>
<td>60</td>
<td>95</td>
<td>Pupils dilated.</td>
</tr>
<tr>
<td>115.—Annie Jackson</td>
<td>20</td>
<td>Home</td>
<td>2</td>
<td>50</td>
<td>60</td>
<td>Pulse small, pupils dilated.</td>
</tr>
<tr>
<td>116.—Kate Hanny</td>
<td>27</td>
<td>Home</td>
<td>4</td>
<td>45</td>
<td>60</td>
<td>Pupils dilated.</td>
</tr>
<tr>
<td>117.—Emily Radcliffe</td>
<td>19</td>
<td>Servant</td>
<td>4</td>
<td>60</td>
<td>70</td>
<td>Pupils dilated.</td>
</tr>
<tr>
<td>118.—Annie Myers</td>
<td>18</td>
<td>Home</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>Pupils dilated. Flushing of face, pupils dilated.</td>
</tr>
<tr>
<td>119.—Ernest Lythgoe</td>
<td>19</td>
<td>Clerk</td>
<td>3</td>
<td>—</td>
<td>—</td>
<td>Convulsed, poor pulse. See No. 117; Second administration. Phonation.</td>
</tr>
<tr>
<td>120.—Mary Jones</td>
<td>24</td>
<td>Folder</td>
<td>2</td>
<td>—</td>
<td>—</td>
<td>Nausea, headache.</td>
</tr>
<tr>
<td>121.—Mary Furriss</td>
<td>27</td>
<td>Home</td>
<td>1</td>
<td>—</td>
<td>—</td>
<td>Twitching of arms.</td>
</tr>
<tr>
<td>122.—Ernest Lythgoe</td>
<td>19</td>
<td>Clerk</td>
<td>3</td>
<td>45</td>
<td>120</td>
<td>Eyeballs turned up, pupils dilated, pulse small.</td>
</tr>
<tr>
<td>123.—Nelly Christie</td>
<td>—</td>
<td>—</td>
<td>2</td>
<td>35</td>
<td>60</td>
<td>Snoring respirations, pupils dilated, pulse small.</td>
</tr>
<tr>
<td>124.—Emily Langstaff</td>
<td>20</td>
<td>Home</td>
<td>2</td>
<td>—</td>
<td>—</td>
<td>Pupils dilated, pulse small.</td>
</tr>
<tr>
<td>126.—Mary Jones</td>
<td>24</td>
<td>Home</td>
<td>3</td>
<td>—</td>
<td>—</td>
<td>Muscles relaxed.</td>
</tr>
<tr>
<td>127.—Alfred Byburn</td>
<td>13</td>
<td>School</td>
<td>4</td>
<td>—</td>
<td>—</td>
<td>Muscles relaxed.</td>
</tr>
<tr>
<td>128.—James Flannigan</td>
<td>13</td>
<td>School</td>
<td>2</td>
<td>—</td>
<td>—</td>
<td>Swallowing, pupils dilated, muscles relaxed, no phonation.</td>
</tr>
<tr>
<td>129.—Elena Thomas</td>
<td>34</td>
<td>—</td>
<td>4</td>
<td>65</td>
<td>45</td>
<td>Slight phonation, eyes turned up. Pale, delicate woman. Very satisfactory. Had gas two days ago; felt sick afterwards.</td>
</tr>
<tr>
<td>130.—Lily Bell</td>
<td>31</td>
<td>—</td>
<td>3</td>
<td>—</td>
<td>—</td>
<td>Eyes turned up, muscles of arms contracted. Satisfactory. Very nervous.</td>
</tr>
<tr>
<td>132.—Walter Davies</td>
<td>23</td>
<td>—</td>
<td>3</td>
<td>60</td>
<td>65</td>
<td>One bottle used for last three cases.</td>
</tr>
<tr>
<td>133.—Sarah Nicholls</td>
<td>29</td>
<td>—</td>
<td>5</td>
<td>80</td>
<td>65</td>
<td>Feeble pulse at commencement, no spasm.</td>
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<td>134.—Annie Vaughan</td>
<td>24</td>
<td>—</td>
<td>12</td>
<td>60</td>
<td>75</td>
<td>Died. Sudden stoppage of respiration. Very small quantity, 5 l used.</td>
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<td>135.—Sarah Aignunder</td>
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<td>7</td>
<td>110</td>
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<td>75</td>
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