

period of one year and ten months. . . . Of 593 patients who received tuinal and paraldehyde, 348 were also given demerol. . . . Demerol . . . is largely an analgesic drug, and combined with a barbitol and paraldehyde, its action is highly desirable. No material complications or untoward side reactions were noted from its use."

J. C. M. C.

DENNY, HELEN E., AND REMLINGER, J. E., JR.: *Regional Anesthesia for Obstetrics*. Quart. Bull., Northwestern Univ. M. School 22: 236-242 (Fall Quarter) 1948.

"The chief types of local and regional anesthesia utilized in obstetrics consist of straight infiltration, pudendal, presacral and parasympathetic nerve blocks, spinal and epidural or caudal analgesia."

J. C. M. C.

DE PABLO, J. S., AND DIEZ-MALLO, J.: *Experience with Three Thousand Cases of Brachial Plexus Block; Its Dangers. Report of a Fatal Case*. Ann. Surg. 128: 956-964 (Nov.) 1948.

"Owing to the great number of war casualties with wounds of the upper extremities which came under our care at the Orthopedic Services of the Casa de Salud-Valdecilla and the Hospital Militar Cantabro, we have been able to compile 3000 cases in which block anesthesia of the brachial plexus has been used. . . . We shall confine ourselves to a discussion of the accidents encountered in the use of brachial plexus block, one of which in our series proved fatal. . . . In practically all of our cases, the technic described by Kulenkampff, and expanded by us in our previous paper, was employed. . . . The accidents encountered in brachial plexus block are classifiable

into pleuropulmonary, neural and vascular. . . . At present we are using novocain 'Bayer,' a 2 per cent solution 'without adrenalin,' and in none of our cases have we observed lipotemias or syncope; only once did a mild degree of cerebral excitation, as is seen in the first stage of ether anesthesia, occur, when the dose exceeded the currently used dose of 20 cc., or when the latter dose was employed in children. Reducing the dose to a suitable amount, we have succeeded in obtaining adequate anesthesia in babies as young as one and one-half years of age. . . . In one case, when by error novocaine with adrenalin was used, tachycardia and arrhythmia resulted of such a degree, that, though the patient did not expire, death seemed imminent. . . . To obtain a prolonged anesthesia, we have never employed percain; in all our cases an anesthesia of two hours, produced with novocain, being sufficient. Concentrations of novocain of less than 2 per cent produce poor results, and we deem greater than 2 per cent to be dangerous. . . .

"We believe it a prudent measure to inject the drug very slowly and to record the rate of the radial pulse. . . . In the foregoing accidents coramine has been found efficacious. . . . From a careful review of the literature on brachial plexus block, we have gleaned three reports of death following this procedure. . . . All of these deaths resulted from trauma to the apical pleural and lung parenchyma. . . . On five occasions we punctured the parietal pleura the sibilant sound produced by the intruding air, however, placed us on guard, and the needle was withdrawn carefully. . . . We shall not consider the transient aphoniae and Claude Bernard-Horner syndromes that supervene from the anesthesia of the recurrent laryngeal nerve and of the cervical sympathetic chain respectively. Hemidiaphragmatic paralysis