

central transmission occurred almost immediately. Placental blood levels were about 74 per cent of the maternal level and persisted at about the same equilibrium for 185 minutes. No significant increase in depression of infants was noted in the experimental series compared with control series. (*Fealy, J.: Placental Transmission of Pentobarbital Sodium, Obst. & Gynec. 11: 342 (Mar.) 1958.*)

INTRAUTERINE FETAL ECG Recordings on an 8 channel electroencephalograph machine from up to 12 anteriorly placed electrodes were made of the fetal heart in utero as early as the eighteenth week in some (by the twenty-third week in all) of 10 normal patients. This examination offers a fourth means of determining pregnancy and the presence of a live fetus. (*Skemp, J. T., and Millen, F. J.: Electroencephalograph Tracings of Fetal Heart in Utero, Obst. & Gynec. 11: 149 (Feb.) 1958.*)

PUDENDAL BLOCK Although obstetrical anesthesia coverage is available 24 hours a day at Tacoma General Hospital, an increasing number of deliveries are accomplished by pudendal block. Anesthesiologists administer nitrous oxide analgesia and are available for complete anesthesia or for infant resuscitation when required. Transvaginal pudendal nerve block is facilitated by means of a device made from a vaginal retractor. It is notched at the end to allow the operator to palpate the ischeal spine and contains a penrose drain covered guide tube to control the needle placement. (*Kohl, G. C.: Transvaginal Pudendal-Nerve Block with Improved Instrument, Obst. & Gynec. 11: 314 (March) 1958.*)

OXYCAINE Oxycaine is a new anesthetic agent. It was synthesized in Armenia in 1953. Following laboratory investigations on mice the new substance was used in clinical practice (in about 200 operations) for local anesthesia, for block anesthesia and intravenously. There were no manifestations of toxicity. One of the important advantages of this preparation is its stability. In spite of boiling and storage, solutions of oxycaine remain stable and do not lower the antibacterial activity of sulphonamides and antibiotics.

(*Danielbek, D. A.: Experience in Use of Oxycaine in Surgery, Izv. Akad. Nauk Armyansk. 9: 29, 1956.*)

CYCLAINÉ Complaints of burning following injections of hexylecaine promoted the study of the irritating properties of this otherwise effective drug. Compared with procaine and lidocaine, hexylecaine was the most irritant. It was used for production of dermal wheals, for direct and indirect sciatic nerve injections in rabbits, and for injections into the anterior chamber of the eye in rabbits. The authors suggest that hexylecaine hydrochloride be used with great caution or not at all in the practice of regional infiltration analgesia. (*Tait, D. A., Reese, N. O., and Davis, D. A.: Comparative Study of Hexylecaine, Procaine, and Lidocaine with Specific Attention to Tissue Irritation, South. M. J. 51: 358 (Mar.) 1958.*)

ISOBARIC SPINALS Concerned with the poor anesthesia obtained from hyperbaric spinal anesthetics for lower extremity surgery, the author began using isobaric anesthetic solutions (1 per cent Pontocaine in saline, 4 per cent procaine, or 4 per cent Xylocaine in water). One or two cubic centimeters of isobaric solution are mixed with enough spinal fluid to make a volume of 3-3½ cc. Using this for operations on the lower extremities, buttocks, and lower back the author has been impressed with the complete anesthesia and lack of hypotension. He believes that the hyperbaric technique results in layering of the anesthetic agent in the dorsal curvature and sacral sac leaving the higher lumbar areas with relatively no analgesia. (*Baldwin, R. E.: Clinical Observations on Isobaric Spinal Anesthesia, South. M. J., 51: 147 (Feb.) 1958.*)

SPINAL ANESTHESIA The effects of hypotension induced by high spinal anesthesia (above T₆) on cerebral circulation and metabolism were studied in human subjects. In the normotensive group cerebral blood flow and cerebral oxygen consumption were unchanged despite a 32 per cent decrease in mean arterial blood pressure. There was a significant fall in cerebrovascular resistance which was responsible for the maintenance of cerebral blood flow. In the hypertensive patients

where mean arterial blood pressure fell to 50 per cent of the pre-spinal value there were decreases in cerebral blood flow and cerebrovascular resistance but the cerebral oxygen consumption did not change. No significant changes occurred in blood gases and pH values in the normotensive group. In the hypertensive group the arterial oxygen content, jugular venous oxygen content and oxygen capacity appeared to decrease and the arterial-jugular vein oxygen difference increased. Arterial blood lactate and pyruvate were significantly elevated during high spinal anesthesia. It was suggested that renal or splanchnic ischemia might be responsible for these effects. (Kleinerman, J., Sancetta, S. M., and Hackel, D. B.: *Effects of High Spinal Anesthesia on Cerebral Circulation and Metabolism in Man*, *J. Clin. Invest.* 37: 285 (Feb.) 1958.)

PERTUSSIS TREATMENT Novocaine block treatment of whooping cough was employed on 72 children during the paroxysmal stage. The block was effected by 20-30 injections of a 0.25 or 0.5 per cent solution on the sides of a triangle with the apex at the level of the 2nd cervical vertebra; the total of novocaine applied was 15-55 ml. In 51 children the paroxysms ceased completely 10 days after establishment of the block, and in 15 children the frequency of paroxysms was lessened. The author recommends novocaine block as one of the methods of treatment of whooping cough. (Scheinman, A. A.: *Effectiveness of Hypodermic Novocaine Block in Treatment of Whooping Cough*, *Pediat. Akush i Ginek*, 6: 32 1956.)

INTRACTABLE PAIN Phenol in a radiopaque solution or silver nitrate in phenol and glycerin were injected intrathecally for the treatment of intractable pain in 50 patients. At least 1 ml. of 7.5 per cent phenol in "myodil" can safely be injected intrathecally for the treatment of intractable pain. (Nathan, P. W., and Scott, T. G.: *Intrathecal Phenol for Intractable Pain: Safety and Dangers of Method*, *Lancet* 1: 76 (Jan.) 1958.)

The "Briefs" of Russian literature were taken from *Excerpta Medica's* "Abstracts of Soviet Medicine," which is supplied through the Public Health Service of the National Institutes of Health.

SLOUGH Gangrene of the prepuce followed local anesthesia with 1 per cent lidocaine and epinephrine 1:100,000 for repair of hypospadias and chordee in an adult male. (Pinkham, E. W., and Sterenson, A. W.: *Unusual Reaction to Local Anaesthesia*, *U. S. Armed Forces, M. J.* 9: 120 (Jan.) 1958.)

ETHER New documents concerning Pirogov found in the Central State Archive of Military History and in its Leningrad branch in 1955 are reproduced. A letter of Pirogov regarding his work "An account of wartime activities in Dagestan hospitals" is of special interest. It provides grounds for the claim of Russian science for being the originator of ether anesthesia. (Korneev, V. M.: *New Data Concerning Activities of Pirogov*, *Nov. Khir. Arkh.* 6: 23 1956.)

PIROGOV Pirogov paid great attention to the problems of inhalation anesthesia, which he used himself for the first time in 1847. For the first operations the patients inhaled the vapors of ether directly from a glass. Later Pirogov constructed an apparatus consisting of an india-rubber face piece and an ether vapor conducting system, which presented very little resistance to respiration and allowed gradual transition from low to high concentration of ether. This apparatus was portable, comfortable for the patient and simple in use. A second model of the apparatus was improved by provision of a control tap for accurate dosage. During the Crimean war Pirogov's apparatus was used for chloroform and ether anesthesia on 10,000 patients without a single death. Pirogov also developed a method of rectal ether anesthesia and experimented on animals with intratracheal ether anesthesia. (Sereduitskii, A. M.: *Pirogov—Originator of Methods and Techniques of Inhalation Anesthesia*, *Nov. Khir. Arkh.* 6: 60, 1956.)

GREATNESS Man becomes great exactly in the degree in which he works for the welfare of his fellowmen.—Gandhi.