where mean arterial blood pressure fell to 50 per cent of the prespinal 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. (*Sheinman, 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.*)

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 Stevenson, 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. (*Kornecv, 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. (*Serednitskii, 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.*

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.