

R. M., and Lakomy, J.: *Combined Peripheral Paralysis of Hypoglossal Nerve after Endotracheal Anesthesia, Der Anaesthetist* 9: 206 (June) 1960.)

**GERIATRIC SURGERY** In 373 major surgical emergencies in patients 70 years of age or older, 185 operations were performed with a mortality of 29 per cent. Significant pre-existing medical complications were found to be marked hypertension, bronchitis, severe emphysema, congestive failure, fibrillation, aortic or mitral valvular disease, angina, previous myocardial infarction or cerebrovascular accident, paralysis agitans and severe arthritis, especially if treated with steroids. Rapid digitalization, antibiotics and stir up regimes for pulmonary complications, and "sympathetic cajolery" by experienced nurses are all important for recovery. Skilled and experienced anesthesiologists must handle these cases. Local anesthesia does not appear to lessen mortality, but since it promotes speed and gentleness, which are essential, convalescence appears quicker and smoother after its use. Elderly patients do not stand prolonged operations under emergency conditions. (Bolt, D. E.: *Geriatric Surgical Emergency, Brit. Med. J.* 1: 832 (March 19) 1960.)

**LOCAL ANESTHETICS** Overdosage of local anesthetic agents is the cause of toxic reactions, sensitivity reactions being probably so rare that they can be ignored. In the United Kingdom cocaine, procaine, tetracaine, dibucaine, lidocaine and piperocaine are the only agents readily available. Phenylephrine and cobefrin have not been widely accepted as providing good vasoconstriction with local anesthetic agents. No drug can be implicated as more apt to cause serious post spinal complications. (Bryce-Smith, M. A.: *Local Anesthetic Drugs, Brit. Med. J.* 1: 1039 (April 2) 1960.)

**THERAPEUTIC BLOCK** Lumbar procaine block therapy was used in combination with other measures in 50 patients with pelvic inflammation. The results were: lytic fall of temperature, decrease of pain, normalization of leucocytes and a slowing down of the erythrocyte sedimentation rate. A considerable re-

duction of infiltrate was noted in 37 cases; in 8 patients no particular effect could be seen. In all patients the indicated changes occurred in the course of 2-5 days after the block. In some patients the block was repeated. The block did not produce any adverse results. (Balyuba, R. I.: *Lumbar Procaine Block According to Vishnevskii's Method in Inflammation of the Female Genital Region, Ata Zdravookhr. Kaz.* 3: 58, 1958.)

#### THERAPEUTIC PERIDURAL BLOCK

In 20 patients with peptic ulcer 2 per cent procaine was injected in the zone D7-8 in an amount of 15-20 ml. Two patients received one block, 13 received two and 5, three blocks. After the block the 'crater' sign disappeared in 9 persons, and in 6, scar changes were found in the region of the former 'crater.' The pains and dyspepsia disappeared, the evaculatory and motor functions of the stomach were normalized and the pylorospasm was abolished. The secretory function was unchanged. The method of peridural block gave no side effects. It may be recommended for use in patients with uncomplicated peptic ulceration. (Andreeca, M. N., and Nikitin, V. M.: *Use of Peridural Block in Treatment of Peptic Ulcer Patients, Trudy I Severo-Zapad. Nauch. Konf. Terap. (Smolensk)* p. 162, 1958.)

**PULMONARY STRUCTURE** Connective tissue of the lung includes ground substance of connective tissue including basement membrane and reticular, collagen and elastic fibers. Freeze-dry lung preparations show that the noncontiguous cellular layer of the alveoli is covered by a noncellular homogeneous layer next to the air space. Smallest elastic fibers in alveoli, pleura and bronchi are about 80 angstrom units in diameter and have a periodicity of about 150 angstrom units. It is possible that all pulmonary connective tissue contributes to its elastic properties. The lung may be considered primarily as an organ of connective tissue. (Cersh, I.: *Some Non-Cellular Structures of Lung, Amer. Rev. Resp. Dis.* 81: 736 (May) 1960.)

**ALVEOLAR SIZE** Relative alveolar size was determined in laboratory animals and man using a standardized technique involving fixa-