be vigorously treated; respiratory difficulties are managed in the usual manner (tracheal aspiration, endotracheal intubation, tracheotomy and artificial respiration). Specific treatment (bile acids, heparin, organic solvents or unsaturated fatty acids in form of phospholipoid compounds) is still in the experimental stage. In two very serious cases deep ether anesthesia was successfully used. (*Hossli, G., and Gattiker, R.: Responsibilities of Anesthetist in Treatment of Fat Embolism, Der Anaesthesist 9: 285 (Sept.) 1960.*)

BILIARY COLIC Hexamethonium was administered (1 ml. of a 2.5 per cent solution) to 27 patients in order to stop the attack of biliary colic; in 14 of these patients atropine, morphine and pantopon were ineffective against the colic, and pain disappeared only in 15–20 minutes after the administration of hexamethonium. A course of treatment with hexamethonium in combination with a diet, choleretic, antibiotics and physiotherapy was administered to 18 patients with chronic calculous cholecystitis and biliary dyskinesia who had been previously treated with other antispasmodics without result. In the above cases hexamethonium was injected intramuscularly in daily doses of 1–2 ml. of a 2 per cent solution for 2–3 weeks. As a result of the treatment pain in the right hypochondrium disappeared, the liver decreased in size and the general state improved in the majority of patients. No side effects were noted. The good therapeutic effect of hexamethonium makes it possible to avoid surgery in some cases. (*Sharlai, R., and others: Action of Hexamethonium in Attack of Biliary Colic, Sov. Med. 9: 114, 1959.*)

ACUTE PANCREATITIS Vagosympathetic block was performed, in addition to administration of subcutaneous infusions of glucose, diet and cardiac stimulants, on 11 patients with acute pancreatitis. The block was performed with 60–70 ml. of 0.5 per cent procaine solution. In all patients the pains disappeared almost completely, cyanosis diminished, general condition improved, the amount of urinary diastase decreased, and the symptoms of peritoneal irritation subsided. This improvement lasted for 3–12 hours. In patients with an oedematous form of pancreatitis the block was repeated daily for 3–6 days. Vagosympathetic block is a valuable method in the treatment of various forms of pancreatitis. (*Karavanov, G. G., and Retvinskii, A. N.: Use of Vagosympaethic Block in Treatment of Acute Pancreatitis, Sov. Med. 10: 103, 1959.*)

BLOOD LOSS The blood loss during tonsillectomy and adenoidectomy was measured in 197 children. The average loss was found to be 109 ml. with a range from 14 to 448. In 18 per cent of children the blood loss exceeded 10 per cent of a calculated total blood volume. No significant differences could be found between the various anesthetic agents used. Similarly, intubation and the use of a relaxant gave no detectable change. (*Spoerel, W., Hersey, L., and Greenway, R.: Blood Loss during Tonsillectomies in Children, Canad. M. A. J. 82: 1265 (June 18) 1960.*)

POSTANESTHETIC NAUSEA In a study of 1,055 patients the incidence of nausea and vomiting was as follows: control 14 per cent, after placebo 14.2 per cent, after trimethobenzamide (Tigan) 12.1 per cent, and after perphenazine (Trilafon) 6.5 per cent. Perphenazine noticeably prolonged the postanesthetic sleeping time but trimethobenzamide did not. Neither perphenazine nor trimethobenzamide was followed by more hypotension than was seen following placebo. (*Belleville, J. W., Bross, I. D., and Howland, W. S.: Postoperative Nausea and Vomiting. V. Antiemetic Efficacy of Trimethobenzamide and Perphenazine, Clin. Pharmacol. Ther. 1: 590 (Sept.-Oct.) 1960.*)

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