. . . Coccygodynia is an example for which the third, fourth and fifth sacral nerves that unite to form the coccygeal nerve are blocked. . . . No group of patients with pain as a predominant symptom are more difficult to treat than those with carcinoma. . . . If the nerve supply to the growth is determined and is accessible, as frequently obtains in malignant growths of the face and neck, nerve blocks are definitely indicated. The upper thoracic nerves can be blocked to relieve pain from carcinoma of the lung and pleura. When the new growth involves the abdominal viscera the pain pathways may not be interrupted easily. . . .

"The most interesting and probably more promising of fruitful results from therapeutic nerve blocking are the techniques for interrupting sympthetic pathways with analgesic or neurolytic solutions. . . . Interruption of the sympathetic pathways at the stellate ganglion is used to cure hyperhidrosis of the upper extremity. It is useful to relieve sympathalgia of the face and causalgia. It has been employed successfully to treat post-traumatic spreading neuralgias, the pain of amputation stumps and vasomotor disturbances. The treatment of angina pectoris after medical remedies have failed to relieve pain is now conceded to include alcohol injections of the upper thoracic sympathetic ganglions. The same procedure has been effective in controlling or alleviating the distressing pain from an aneurysm of the arch or the descending aorta. Interruption of lumbar sympathetic pathways is indicated for conditions in the lower extremities similar to those enumerated for the upper extremities. This therapeutic nerve block has been employed also to treat thrombophlebitis of the lower extremity. The results from these injections have been dramatic and largely successful. Not only is the pain relieved immediately but the whole process subsides promptly. This remedy represents so much of an improvement over previous therapeutic efforts that it should be used whenever the condition develops." 10 references.

J. C. M. C.

GRIFFIN, E. L., AND BENSON, R. C.: *Gynecologic Surgery Under Local Anesthesia.* Am. J. Obst. & Gynec. 42: 862–869 (Nov.) 1941.

"Local anesthesia has been used for many years in this country in gynecologic surgery. There are those who have strongly advocated its use and have employed it with satisfactory results. . . . Local anesthesia has been found to produce fewer pulmonary complications, reduce dehydration and acidosis as well as gastrointestinal disturbances. Spinal anesthesia has its advocates and in some hands it can apparently be used with great safety. However, those who have studied large series of cases from many clinics are of the opinion that operations performed under spinal anesthesia carry a definite hazard. . . . We, at the New York Hospital clinic, have likewise been impressed with the advantages of local anesthesia. We began by using it only in cases having definite medical complications. These results were so satisfactory that its use was extended to include many uncomplicated cases and elderly women. . . . The number of vaginal operations was 177, and the abdominal 23, a total of 200 cases. The control material consisted of 177 major vaginal and 100 major abdominal operations performed under general anesthesia. These were consecutive cases, but were limited so that the percentage of operations performed each year was the same for both types of anesthesia. This was necessary because the number of operations performed under local anesthesia steadily increased each year. . . .

"Whether a vaginal or abdominal operation is to be performed, the fol-

lowing preliminary medication is administered: Pentobarbital sodium 0.1 Gm. the night before operation and 0.2 Gm. an hour and one-half prior to operation, supplemented by morphine sulfate 0.010 Gm. and scopolamine hydrobromine 0.0004 Gm. one hour later. The technique for local pudendal and perineal block anesthesia is essentially that described by Urnes. . . . We have attempted to evaluate the results of the anesthesia in the following manner: Grade 1, an entirely satisfactory result. Grade 2, a partially satisfactory result, the procaine affording satisfactory relief of pain for at least one hour but requiring an inhalation anesthetic thereafter. Grade 3, a failure. We obtained Grade 1 anesthesia in 82.8 per cent of the 177 major vaginal operations, 6.7 per cent Grade 2 results, and 10.1 per cent Grade 3, or failures. . . . In 23 abdominal operations, we were able to obtain similar results to those obtained in vaginal operations, with 78.3 per cent, Grade 1, 13 per cent Grade 2, and 8.7 per cent failures. In both series, not a single instance of sensitivity to procaine was encountered. . . . There were three deaths in the entire series. Of these, only one could be attributed to the anesthetic, which was in this particular case, gas-oxygen-ether. . . . The morbidity rate in the group of patients operated upon under local anesthesia was 24.5 per cent, as compared with 36.1 per cent for those patients receiving general anesthesia. . . . The number of patients developing postoperative shock was substantially decreased by local anesthesia, 7.5 per cent developing shock as compared with 12.6 per cent in the general group. . . . Respiratory disease occurred postoperatively in 4.5 per cent of those patients receiving local as compared with 3.2 per cent of those receiving general anesthesia. The incidence of respiratory disease preoperatively, however, was 12.5 per cent in the former but only 2.5 per cent in the latter. . . . Through the medium of local anesthesia, we have been able to reduce the risk of operative complications in aged individuals. . . . Urinary tract disease occurred postoperatively in 13.0 per cent of patients receiving procaine anesthesia as against 8.7 per cent of those receiving general anesthesia. However, 3.5 per cent of the local group had urinary tract pathology prior to operation, but none of the patients operated upon under general anesthesia was so affected. . . .

"Any type of gynecologic vaginal operation can be satisfactorily performed under perineal-pudendal block local anesthesia with reduction of the mortality and morbidity. Gynecologic abdominal surgery performed under local anesthesia, while less satisfactory in general, may be used advantageously in selected cases. Local anesthesia by its safety has extended the scope of surgery and is the method of choice for anesthesia in the elderly woman." 10 references.

J. C. M. C.

SHOOR, MERVYN: *Paraldehyde Poisoning: Report of a Fatality.* J. A. M. A. 117: 1534–1535 (Nov. 1) 1941.

"Death from paraldehyde poisoning is rare. . . . The case reported here is unique in that only 12 cc. of paraldehyde rectally resulted in fatal poisoning. This is the smallest dose of the drug on record to cause death. . . . Mrs. J. S., a primipara aged 21, was admitted to the private service of Mount Zion Hospital at 12:05 a.m. on July 3, 1940. Her past history had been singularly free of disease. . . . Her weight was 196 pounds (89 Kg.), the temperature 37 C. (98.6 F.), pulse rate 80 and respiratory rate 18 a minute. The heart was normal in size; the sounds were regular and of good quality. There were no murmurs. The lungs were free of abnormalities by per-