

ralgia and is usually accompanied by other diagnostic signs. (5) If the patient obtains relief of pain and disappearance of segmental tenderness, and the pain recurs shortly after the anesthesia subsides, an intraspinal lesion must be kept in mind. . . .

"Somatic pain may arise from any disease process, toxic absorption or mechanical disturbance which directly or indirectly causes irritation of any of the skeletal structures. In spite of careful search, the causative factors in many cases cannot be discovered."

A. W. F.

LUNDY, J. S., AND OSTERBERG, A. E.:
*The Use of an Antibacterial Agent
Mixed with a Local Anesthetic.*
Proc. Staff Meet., Mayo Clin. 20:
40-42 (Feb. 7) 1945.

"It has been general practice for a long time to avoid the injection of local anesthetic agents into traumatized or infected tissues and little effort has been made to extend the use of local anesthesia into such a field. . . .

"Early in 1943 it occurred to one of us (J. S. L.) that some penicillin could be dissolved in the same fluid as the local anesthetic. . . .

"The use of penicillin gives one some hope of protection against certain gram-positive organisms and one or two gram-negative ones. . . .

"A study of the usefulness of combining one or more antibacterial agents with a local anesthetic might very well add to the field of usefulness of local anesthetics."

A. W. F.

LEE, F. C.; MACHT, D. I., AND PIERPONT, R. Z.: *The Use of Bromsalizol in Lengthening the Effect of a Sympathetic Nerve Block*. Am. J. M. Sc. 209: 314-324 (March) 1945.

"It is possible that bromsalizol may be of value in two large groups of cases. In the first instance, by pre-

venting vasoconstriction and thus providing better circulation, the drug might improve any inflammatory process anywhere in the body. In injuries of the extremities in war and industry when prolonged relief of vasospasm may save the extremity, bromsalizol may have its place. In the second instance, by blocking the pathway of pain along the sympathetic trunk, it might bring relief to cases of dysmenorrhea, causalgia, or inoperable malignant tumors. Any condition which has not been benefited by sympathetic ganglionectomy would probably not be helped by bromsalizol.

"It apparently has no paralyzing effect on the human peripheral somatic nerve. . . .

"A 4% solution of mono-bromohydroxyl-benzyl alcohol (bromsalizol) in peanut oil was used for paravertebral blocks of the sympathetic nerve trunks of 103 patients.

"It was found that the blocks with this drug gave a much longer beneficial effect than with the usual procaine. . . .

"The best results were obtained in cases of femoral thrombophlebitis. .

"By improving the circulation bromsalizol has been successfully used therapeutically in cases of diabetic ulcers and gangrene, in cellulitis of the foot, in frost-bite, in amputations below the knee, in temporarily relieving the pain of intermittent claudication in arteriosclerosis and thrombo-angiitis obliterans, in arterial vasospasm, and in temporary relief from dermatitis.

"Bromsalizol has been used diagnostically as a clinical test for collateral circulation.

"Bromsalizol was injected around the ulnar nerve without causing any signs of nerve paralysis.

"In dogs, bromsalizol did not produce a Horner's syndrome when injected around the stellate ganglion."

A. W. F.