

been encountered. . . . Sympathetic nerve block . . . should temporarily relieve the sympathetic type of pain. However, since the origin of the pain is probably not peripheral, care should be exercised in evaluating therapy suggested by this procedure. Procaine hydrochloride anesthesia of 'trigger points' . . . should be used in all cases in which they . . . can be demonstrated. Caudal or extradural procaine hydrochloride anesthesia . . . will temporarily relieve somatic pain but often will not influence psychic pain. Controlled spinal anesthesia . . . has been used in a modified fashion to demonstrate the likelihood of success of intraspinal procedures. Each of these test methods may give permanent benefits, especially if they are repeated. . . . Bilateral chordotomy performed high up, below the arm area, is presented as the best answer to the problem of somatic and sympathetic pain in the trunk and lower limbs of patients with injury of the spinal cord." 9 references.

J. C. M. C.

GRANT-WHYTE, H. G.: *Diploma in Anaesthesia*. South African M. J. 21: 234-235 (Apr. 12) 1947.

"The Medical and Dental Education Committee of the South African Medical Council has accepted by a large majority, according to the Star, Johannesburg, of 13th March, 1947, the amendment of Prof. Middleton-Shaw that the Diploma in Anaesthesia to be instituted at the Witwatersrand University be available to both Dental and Medical graduates and be regarded as an additional qualification. This resolution was passed despite the views of the Medical Association of South Africa, expressed through its Federal Council, and the South African Society of Anaesthetists, whose prime object is to promote the development and the study of anaesthetics and their administration, and the recognition of

anaesthesia as a specialized branch of medicine. . . . Unfortunately, probably no other field of medical practice is less well understood than anaesthesia, and this lack of understanding of the importance of modern anaesthesia is so widespread among the profession and lay public that it constitutes a serious hazard to the advancement of the specialty. . . .

"Prof. Shaw is reported, inter alia, to have said that there is no difference between dental and medical anaesthesia, that dentists were trained to give anaesthetics during the war, and that because they received the same training in the basic sciences, there really was no valid argument against giving the dentists the same facilities for obtaining the Diploma in Anaesthesia as would be given to medical graduates. . . . If then a diploma is instituted, let it be the 'hallmark' of a trained anaesthetist and not merely a certificate held by an anaesthetic technician. . . . The Medical Association has given its views, as has the South African Society of Anaesthetists—the latter not with a view to keeping anaesthesia a close preserve for doctors and anaesthetic specialists, but because of its anxiety to provide a good anaesthetic service for the peoples of South Africa."

J. C. M. C.

GRANT-WHYTE, H.; WERE, G.; DUNCAN, J.; BAM, J.; JONES, C. S.; PARK-ROSS, M., AND BRONTE-STEWART, B.: *Annual Report, Department of Anaesthesia, Addington Hospital, Durban, 1946*. South African Med. J. 21: 522-526 (July 26) 1947.

"This report covers the period from January 1, 1946, to December 31, 1946, and is the second Annual Report issued from this Department. During the year an Assistant Honorary Anaesthetist and a Registrar joined the Department, and there were some unset-

ting changes in the Resident staff. A careful rota was devised to enable all junior Resident Medical Officers to receive instruction in anaesthesia, but since the successful working of this plan demanded the cooperation of such medical officers by attendance in their spare time, it failed to achieve its object. . . . During the twelve months under review, 4,450 anaesthetics were administered by the members of the Department. . . . Under these 4,450 anaesthetics, only 2 patients died during the administration of, or while under the influence of, the drug used. In addition 4 patients died within twenty-four hours of receiving an anaesthetic. . . . Accurate figures for morbidity continue to elude us. . . .

"During the year we continued to record all relevant information during anaesthesia. A standard chart was evolved, accepted and printed and is now in routine use. . . . The commoner agents continue to be used. The number of administrations of chloroform has been further reduced, trichloroethylene having largely replaced it where the explosive hazard is present. . . . A small supply of Kemithal sodium enabled a trial of this drug to be made in 25 cases. Impressions are that it is less potent and therefore possibly less toxic than pentothal. . . . Intravenous ether was given to three patients, but not to the extent of inducing full surgical anaesthesia. . . . Curare, given intravenously, in the form of 'Intocostarin,' as an adjunct to anaesthesia, proved disappointing, possibly because our small stock had deteriorated. . . . The wholesale use of local anaesthetics in casualty has not been included in this report, as it was in that of 1945. The local anaesthetic agents continue to occupy pride of place in our estimation, a fact easily justified by the post-operative followup of major surgical cases. Intrathecal anaesthesia is the standby in abdominal surgery, but the

use of caudal (sacral) anaesthesia supplemented by minimal doses of pentothal sodium has increased for herniorrhaphies and operations about the rectum and vagina. . . . Our efforts to supply an adequate analgesic service to the Obstetrics Department have not met with great success. . . . With persistence and the ability to show good results in many cases, we were able to persuade the physicians that stellate ganglion block is a procedure of great value in cerebro-vascular accidents. They are now becoming enthusiastic and have been eager to learn and apply the technic themselves. The use of paravertebral blocks in vascular diseases of the lower limbs is gaining increasing favour."

J. C. M. C.

GRAUBARD, D. J., AND RITTER, H. H.: *Intravenous Procaine in the Treatment of Trauma: A Preliminary Study*. Am. J. Surg. 74: 765-769 (Nov.) 1947.

"Pain and post-traumatic edema are perplexing problems for the surgeon. The osteoporosis associated with edema which appears at a later date is more troublesome. During the past year in an attempt to solve these problems we have given 303 intravenous procaine infusions to 140 patients suffering from trauma. Some of our results seem to indicate that procaine administered intravenously does lessen the edema and pain. For a time we were of the impression that the healing process was accelerated; however, the number of cases is too few to warrant any definite conclusion. . . . The dosage we have employed is the 'procaine unit':^{1,2} 4 mg. of procaine hydrochloride per kilo body weight dissolved in an isotonic saline solution to make a 0.1 per cent (1:1,000) solution to be administered in a twenty minute period. Using the flowroter, an instrument which meas-