

tube is removed suction is applied to remove any blood which may have accidentally seeped into the trachea, larynx and pharynx. Immediately prior to removal of child to ward, a stitch is passed through the tongue in order to prevent the tongue falling back." 3 references.

J. C. M. C.

SELTZER, A. P.: *Conduction Anesthesia for Focal Neuralgias in Rhinologic Practice*. Am. Practitioner. L: 671-674 (Aug.) 1947.

"The frequency with which patients with facial neuralgias appear for relief in the office of the rhinologist indicates the importance of the question to the practitioner in this field. . . . The most frequent site of pain is at the supraorbital notch. With the usual surgical preparation, the nerve is injected with 1 per cent novocaine and 1:20,000 adrenalin. This procedure gives immediate relief of the pain. The point which is second in frequency in facial pain is associated with the nasociliary nerve. The exact place for injection is at the junction of the nasal bone with the upper lateral cartilage at about the midpoint. Less frequently, pain can be relieved by injection of the sphenopalatine ganglion. The point of entrance is determined by drawing a horizontal line outward from and parallel to the lower surface of the external nose; a second line is dropped perpendicularly from the external canthus of the eye, at right angles to the first one. A needle 7 cm. long is entered at this point of junction of the two lines, and is extended backward, medially and slightly downward to reach the pterygomaxillary fossa, where 3 to 5 cc. of novocaine are injected.

"Occasionally the postauricular nerve is involved and injection is done behind the ear near the occiput. If the relief given by this treatment is only

temporary, then the injections are repeated using 50 per cent alcohol, which usually gives permanent results."

J. C. M. C.

SENGER, F. L., AND ROTHFELD, S. H.: *The Effect of Caudal Anesthesia on Urinary Incontinence following Prostatectomy*. Urol. & Cutan. Rev. 51: 497-500 (Sept.) 1947.

"One of the most distressing complications on prostatectomy is urinary incontinence. This occurs frequently enough to become a trying problem to both patient and attending surgeon. A series of such patients was given caudal anesthesia because of postoperative urinary incontinence. It was felt that lessening the tonus of the detrusor might favorably influence this symptom. . . . In 6 patients who developed urinary incontinence 30 cc. Foley catheters were used. This might be advanced as the reason for . . . incontinence; i.e. pressure upon the external sphincter. We do not believe this to be so since, in the five cases that occurred at this hospital, the Foley bags were not placed in the prostatic fossae for hemostasis but were inflated when we were certain they were in the bladder. The incontinence in all of these cases must be regarded as due to damage to the external urinary sphincter.

"It would appear that infiltration with novocaine favorably influences the urinary incontinence by diminishing the tonus of the bladder. This permits greater filling and less irritability. The urinary incontinence is not completely eliminated. However, these patients are made more comfortable; certainly the adjustment of the irritable bladder to a state approximating normal is hastened thus eliminating a long period of discomfort during the convalescence following prostatectomy. This is probably accomplished by the novocaine blocking stimuli to and