

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

from the bladder breaking the reflex arc and lessening tonus."

J. C. M. C.

STEIN, H. B.: *Anesthesia in Colorado during the Nineteenth Century*. Rocky Mountain M. J. 44: 805-807 (Oct.) 1947.

"It is to be remembered that Colorado was a young state in the latter part of the nineteenth century, and there were few occurrences here which were of importance to the medical world. Publication in local medical journals did not exist until the 'Denver Medical Times' was founded in the mid 1880's. . . . The first discussion of anesthesia in the 'Denver Medical Times' was an article on cocaine published in Volume 4, January, 1885, by Dr. Tiffany of Kansas City. . . . In the same January issue of the 'Times' is an article by Thomas Hawkins who warned the profession not to be overly enthusiastic about cocaine although he had used it in several cases with satisfaction. . . . The next reports locally on cocaine came in 1887 when Dr. J. B. Mattison of Brooklyn, New York, published in the 'Denver Medical Times' detailed case reports concerning the toxic effects of cocaine. . . .

"The next written articles on a subject of interest to anesthesiologists were those concerning oxygen and its use in the treatment of various diseases. Dr. J. W. Collins read a paper at the 15th annual session of the Colorado State Medical Society in June, 1885, concerning oxygen. . . . Several more articles were published but none mentioned the usefulness of oxygen in anesthesia until Dr. P. D. Rothwell noted it in 1886. . . . In 1886, Dr. G. S. McMurtrie published an article on 'Anesthetics in Labor.' He had been using anesthetics for such during the preceding twenty-five years. He mentions the same prejudices as exist today, 1947. He advocated chloroform

over chloral or ether. . . . In the same year, Dr. J. C. Davis, in his President's address at the 16th annual session of the Colorado State Medical Society, reviews the progress of surgery during the preceding forty years. He gives great credit to the use of anesthetics for that remarkable progress. . . . In 1892, Dr. J. W. Powers reported to the State Medical Society meeting the death of a woman from chloroform which was administered in a dentist's office in Idaho Springs for the extraction of teeth. . . . The first comprehensive article published on anesthesia in the 'Denver Medical Times' was that by Dr. E. Curtis Hill who gained his experience while assisting Dr. Thomas Hawkins. He mentions only ether and chloroform, dismissing the other agents as inadequate. . . .

"The late Dr. Miel in June, 1893, published an article, 'Avoidable Delays Attending Operations.' In this he stressed several things with which we are familiar fifty years later. He describes the anesthetist of that time in this way: 'He arrives late with everyone waiting and produces cumbersome equipment. He starts the anesthetic, pushing the ether until the patient starts coughing; then he pushes more ether until it is necessary to use artificial respiration. And then the patient vomits. Finally all is going well again and the operation begins. The anesthetist becomes so engrossed in the operation that the patient shows signs of asphyxiation requiring resuscitation again, and finally the anesthetist finds he had no battery at hand, or having one on hand, it is not in order. so no faradic stimulation can be given.'

"The first concrete evidence of interest in anesthesia as such came on June 21, 1893, when there was a symposium on anesthesia before the Colorado State Medical Society. Doctor J. N. Hall acted as chairman. . . . In 1896, Dr. Charles Elder in a paper