Haggard has been modified and the method applied to divinyl ether. Consistent and reliable results accurate to about 3 per cent can readily be obtained with both ethyl and divinyl ether." 20 references.

J. C. M. C.

ROVENSTINE, E. A., AND WERTHEIM, H. M.: *Present Status of Therapeutic Regional Analgesia.* New York State J. Med. **42**: 123–127 (Jan.) 1942.

"The conquest of intractable pain, especially that resulting from chronically diseased tissues, is a much broader field than surgical anesthesia. . . . The employment of regional analgesia has kept pace with refinements in pain therapy. . . . Regional analgesic blocks for the relief of pain of the head and neck are among those most frequently employed. The efficacy of blocks for the relief of trigeminal neuralgia is unquestioned. . . . Neuralgia of the greater occipital nerve is generally associated with arteriosclerosis. . . . The pain is . . . localized to the distribution of the posterior primary division of the second cervical nerve. Relief is readily obtained by blocking this nerve. . . . The superior laryngeal branch of the vagus is the sensory nerve supply to the larynx. A small amount of analgesic solution properly deposited to block this nerve may be used for the control of intractable pain from carcinoma or tuberculosis of the larynx. . . . Cervical plexus neuralgia is a clinical entity often confused with brachial plexus neuralgia. . . . Blocking of the segment involved will relieve the pain. . . . Shoulder pain is common. The so-called rheumatic conditions, such as periarthritis or the more common subdeltoid bursitis, account for the majority of diagnoses. In the latter condition particularly, pain relief may often be obtained by blocking the suprascapular nerve at the lesser scapular notch with procaine or oil-procaine solutions. . . . Thoracic paravertebral nerve blocking, segmental and sympathetic, has numerous specific indications. . . . A large group of patients who may be frequently benefited by regional analgesia is that with inoperable carcinoma. . . . Regional anesthesia . . . has . . . given gratifying results in certain clinics where it has been carefully evaluated and applied for a number of patients who had experienced unsatisfactory results from other methods of pain relief." 3 references.

J. C. M. C.

LAHMANN, A. H., AND MIETUS, A. C.: *Caudal Anesthesia: Its Use in Obstetrics.* Surg., Gynec. & Obst. **74**: 63–68 (Jan.) 1942.

"Following the successful use of caudal anesthesia in proctological operative procedures at the Milwaukee County General Hospital, its adaptability to the obstetrical service was tested. A brief review of the first 400 cases of series in which it was tried is presented. . . . The knee chest position is more embarrassing and awkward to the pregnant mother; yet, because of its many advantages over the lateral decubitus, it is the position given preference. The anesthetic being used in our clinic is metycaine. . . . Our results, with the use of a 2 per cent aqueous solution of metycaine without the addition of adrenalin, compare very favorably with those obtained by others. . . . In our series, the quantity of the solution used varied from 10 to 50 cubic centimeters but for the most part (357 cases), 25 cubic centimeters was used. . . .

"Caudal block offers a feasible and efficacious anesthesia for operative obstetrics. It permits the uterus to contract painlessly; it relaxes the pelvic floor and anesthetizes the perineum. It is harmless to both the parturient and her newborn. It permits the normal separation of the placenta and