of arrest was nineteen minutes. Satisfactory activity of the heart having been resumed, appendectomy was performed. The patient remained in deep coma for four days and had a stormy postoperative course, but recovered completely and recently gave birth to a healthy child.”

A. A.


“This report deals only with the cardiotoxic action of intravenous procaine. . . . We have studied forty-two cases by means of electrocardiograms before and immediately after procaine infusion. Two hundred and sixty-three procaine infusions were given and two hundred and fifty-seven electrocardiograms were made. The tracing made prior to the first infusion was considered the control. Tracings were made before and after each infusion in cases showing changes, and only after the infusion in others. The patients used were those receiving procaine therapy for various diseases. . . . Two dosage schedules were used. Thirteen cases received 4 mgm. of procaine per kilogram in 20 minutes and twenty-nine received one gram of 0.1 per cent procaine in one hour. The incidence of ECG changes was slightly higher in the group receiving 4 mgm. per kilogram. . . . The duration of the changes produced by intravenous procaine was variable and could not be correlated with the extent of the changes. In general the changes were gone in twenty-four hours, but several cases had changes persisting longer than three days. . . .

“Intravenously administered procaine is a powerful depressant of the heart. It appears to have a depressant action on both the myocardium and the conduction system. This depressant action is beneficial in ventricular arrhythmias but is not evident in auricular arrhythmias. Procaine intravenously should be administered with caution in persons having heart disease; electrocardiograms should be made before and during treatment.”

A. A.


“Logically, an analgesic should effect mental, as well as physical, well-being. It is well known that the amphetamines have a marked anti-depressant effect. One of these drugs, Benzedrine (d,1,amphetamine), is combined with aspirin and phenacetin in the analgesic known as Edrisal; we have found it suitable and helpful in treating moderate postpartum and postoperative pain. . . . In the past two years Edrisal has been administered to 350 patients, of whom 320 were postpartum and 30 postoperative. These cases were unselected and consecutive, and included various obstetrical and gynecological procedures. . . . Results were uniformly good. The analgesic effect of two tablets of this combination compares favorably with that of ½ grain of codeine plus 10 grains aspirin. In addition, it brightens the patient’s moods, making them more alert, active and cooperative. None of the patients showed serious side reactions to Edrisal. In six the drug was discontinued because of ‘heartburn’ (3 cases), overstimulation (2 hyperthyroid cases) or ‘sleepiness’ (1 case). The remaining 344 had no ill effects. Since the mental and physical stimulation provided by Edrisal encourages early ambulation, it is considered more appropriate for postpartum and postoperative use than the depressant analgesics.”

A. A.