hital increases the intraperitoneal LD$_{50}$ of tripeleminamine (Pyribenzo-
imine), diphenhydramine (Benadryl), chlorophenpyramidine (Chlortrime-
ton), and phenindamine (Theophorin) in mice. Sodium pentobarbital acts
similarly for tripeleminamine and diphenhydramine in rats but not for
chlorophenpyramidamine. In rats overdosed orally with tripeleminamine or
diphenhydramine, the death rate is not significantly affected by sodium
pentobarbital, although convulsions are aborted in part and survival time may
be increased. It is suggested that the degradation products of the antihista-
mine, which are present in greater amounts after oral administration, may
enhance the actions of sodium pentoba-
rbital and contribute to the over-all
toxicity. It is recommended that
should the attempt be made in the
clinic to antagonize antihistamine
overdose with a barbiturate, im-
mediate treatment and removal of any
unabsorbed material are prime requi-
sites in addition to the usual sup-
portive therapy.”

A. A.

ثور، ج. ن. : Procaine with Hyal-
uronidase as Local Anaesthetic
Lancet 1: 210-211 (Jan. 27) 1951.

“For the reduction of Colles’s frac-
ture and similar injuries, the anaes-
thetic which is probably most often em-
ployed is nitrous oxide. This, how-
ever, has several drawbacks. . . .
Brachial-plexus block has been used
for the reduction of Colles’s fracture;
but it is time-consuming, not without
danger, and, in inexpert hands at any
rate, often fails. The anaesthetic of
choice in the treatment of this condi-
tion appears to be local infiltration an-
aesthesia. . . . A modification of this
technique has recently been tried at the
Upton Hospital with promising results.
Before injection the local anaesthetic
agent (for Colles’s fracture 20 ml. of
1½ procaine) is mixed with 1000
‘Benger units’ of hyaluronidase (“Hyal-
ulase”), which promotes diffusion of
injected substances. Two injections are
made: the bulk of the solution is put
directly into the fracture hematoma
from the extensor aspect of the fore-
arm, and 2-3 ml is infiltrated around the
ulnar styloid process. The anaes-
thetic solution diffuses rapidly all
around the injured area and the frac-
ture can be manipulated as soon as the
needle is withdrawn. . . . To date, this
technique has been used in 22 cases of
Colles’s fracture and 4 cases of Pott’s
fracture. . . . Though the series is very
small, we have been struck by the
rapidity with which analgesia is
achieved and by the fact that it has
always been complete.”

A. A.

Troell, Lars: Post-Operative Changes
in Circulation and the Effects of
Oxygen Therapy. Acta Chir. Scandi-
nav. 102: 203-214 (Oct. 31) 1951.

“A group of patients on the surgical
service at Karolinska Sjukhuset
has been studied with heart catheter-
ization. An effort has been made to
determine which changes take place im-
mediately following surgery and
whether it was possible to enfluence these
changes therapeutically. . . . Twenty-
three patients of operative risks I, II
and III (Gordh (1949)) have been
studied by heart catheterization before,
during, and after operation in order
to observe the effect of various anes-
thetics. . . . The average age of the
patients classified as risk I was 39
years; risk II, 48; and risk III, 61.
Of the 10 patients graded as risk I, 6
received spinal anesthesia; 3, narkotal-
curare; and 1, ether. For those in risk
II, narkotal-curare was given to 5 and
spinal to 1. All patients in risk III
were anesthetized with narkotol-cu-
 rare. . . . It has been impossible to
find any evidence that the post-opera-
tive course is influenced by the type of
anaesthetic.”