During the period of this study only one intravenous injection of the procaine solution was given daily. The daily injections were continued until pain was markedly relieved. Usually no treatment was required after the third day.

"The results of treatment are as follows: A definite reduction of the 'sharp' pain occurred within three minutes after the first intravenous injection was started. The dull localized pain subsided shortly thereafter. Complete comfort persisted for five to ten hours after the twenty minutes method and for seven to twelve hours after the longer procedure. Partial relief for the remainder of the day followed with both methods. Some rectal discomfort was present the next morning, but on repetition of the treatment it abated in a similar manner. If pain then recurred, it did so with diminished fury. The procaine hydrochloride was usually needed through the third day; thereafter, many patients were comfortable and required no further medication. It was noted that ulceration, if present, frequently healed by the fifth day."

A. A.


"Among the many recent advances in anesthesiology, the development of synthetic analgesics holds a prominent place. . . . One of the outstanding recent advances in anesthesiology has been the application of curare to aid muscular relaxation. . . . The use of intravenous procaine constitutes another important advance. . . . Continuous caudal anesthesia for obstetrics was introduced by Hingson in 1942. . . . In 1939 Lemmon introduced continuous spinal anesthesia. . . . In 1947 Saklad and his co-workers reported a method of intraspinal segmental an-

esthesia. . . . Paravertebral lumbar sympathetic nerve block for the treatment of acute thromboflebitis in the lower extremity is a well established procedure. . . . Smith and Rees have recently reported gratifying results with prolonged continuous spinal anesthesia in three patients with peripheral arterial embolism. . . . Stellate ganglion block by providing vasodilatation of the intracranial arteries has proved effective for the treatment of intracranial hemorrhage, embolism, thrombosis, and arterial spasm. . . . Inter-costal nerve block following upper abdominal surgery has been advocated to reduce postoperative discomfort and pulmonary complications. . . . Various vasopressor drugs have been added to spinal anesthetic solutions in order to prolong the effects and to reduce the amount of the anesthetic agent. Many conflicting reports have appeared in the literature on the results obtained with combinations of ephedrine, epinephrine, or neosynephrine with procaine, pontocaine, or nupercaine."

A. A.


"The postspinal headache is a serious objection to the use of spinal analgesia in obstetrics. Before we devoted extra attention to avoiding it, our obstetricians were reluctant to have their patients receive spinal analgesia. . . . The incidence of this complication in several reports of spinal anesthesia for vaginal delivery has varied from 20 per cent to zero. . . . We began this study in February, 1947. Out of many diverse and conflicting statements in more than one hundred articles, we formulated the following as a working