period of one year and ten months. . . Of 593 patients who received
Tuinal and paraaldehyde, 348 were also
given demerol. . . Demerol . . is
largely an analgesic drug, and com-
bined with a barbital and paraalde-
hyde, its action is highly desirable.
No material complications or untoward
side reactions were noted from its
use."

J. C. M. C.

Denny, Helen E., and Remlinger,
J. E., Jr.: Regional Anesthesia for
Obstetrics. Quart. Bull., North-
western Univ. M. School 22: 236-
242 (Fall Quarter) 1948.

"The chief types of local and re-
gional anesthesia utilized in obstetrics
consist of straight infiltration, pudendal,
presacral and parasympathetic nerve blocks, spinal and epidural or
caudal analgesia."

J. C. M. C.

De Pablo, J. S., and Diez-Mallo, J.: 
Experience with Three Thousand
Cases of Brachial Plexus Block; Its
1948.

"Owing to the great number of war
casualties with wounds of the upper
extremities which came under our care
at the Orthopedic Services of the Casa
de Salud-Valdecilla and the Hospital
Militar Cantabro, we have been able
to compile 3000 cases in which block
anesthesia of the brachial plexus has
been used. . . . We shall confine our-
selves to a discussion of the accidents
encountered in the use of brachial
plexus block, one of which in our series
proved fatal. . . . In practically all of
our cases, the technic described by
Kulenkampff, and expanded by us in
our previous paper, was employed.
. . . The accidents encountered in
brachial plexus block are classifiable
into pleuro pulmonary, neural and vas-
cular. . . . At present we are using
novocain ‘Bayer,’ a 2 per cent solution
‘without adrenalin,’ and in none of
our cases have we observed lipotemias
or syncopest; only once did a mild de-
gree of cerebral excitation, as is seen
in the first stage of ether anesthesia,
occur, when the dose exceeded the cur-
rently used dose of 20 cc., or when the
latter dose was employed in children.
Reducing the dose to a suitable amount,
we have succeeded in obtaining ade-
quate anesthesia in babies as young as
one and one-half years of age. . . . In
one case, when by error novocain with
adrenalin was used, tachycardia and
arrhythmia resulted of such a degree,
that, though the patient did not expire,
death seemed imminent. . . . To ob-
tain a prolonged anesthesia, we have
never employed percaine; in all our
cases an anesthesia of two hours, pro-
duced with novocain, being sufficient.
Concentrations of novocain of less than
2 per cent produce poor results, and
we deem greater than 2 per cent to be
dangerous. . . .

"We believe it a prudent measure to
inject the drug very slowly and to re-
cord the rate of the radial pulse. . . .
In the foregoing accidents coramine
has been found efficacious. . . . From
a careful review of the literature on
brachial plexus block, we have gleaned
three reports of death following this
procedure. . . . All of these deaths re-
sulted from trauma to the apical pleu-
rnal and lung parenchyma. . . . On five
occasions we punctured the parietal
pleura the sibilant sound produced by
the inrushing air, however, placed us
on guard, and the needle was with-
drawn carefully. . . . We shall not
consider the transient aphonies and
Claude Bernard-Horner syndromes
that supervene from the anesthesia of
the recurrent laryngeal nerve and of
the cervical sympathetic chain respec-
tively. Hemidiaphragmatic paralysis
can occur as a result of phrenic nerve block if excessive infiltration of the region, or incorrect technic is practiced. We have, however, on four occasions, produced bilateral brachial plexus block without any untoward effects. . . . On one patient there resulted a mild contraction and paresthesia of the lower extremity together with a moderate lipotemia. We conjectured that the needle may have entered the spinal canal through an intervertebral foramen. . . .

"Of the neural complications that follow brachial plexus block especially interesting are the meralgias with paresthesias. . . . In five of our own cases the complications abated in 20 days. . . . A thesis previously cited, incorporates the results of a study of the effects of brachial plexus block on the chronaxie. We have never been able to observe any alteration. . . . Puncture of the common carotid, subclavian, vertebral, and inferior thyroid arteries can, and, in fact, does occur. It has very frequently happened in our own experience. Simple withdrawal of the needle alone is necessary, when it does occur. . . . Intra-arterial injection of the anesthetic produces only a transient state of anesthesia. On the other hand, intravenous injection is dangerous, for the anesthetic is carried to the heart. Moreover, part of the drug may reach the medulla oblongata and produce cardiorespiratory difficulties. Intravenous injection is eight to ten times more toxic than intra-arterial injection, according to Pauchet, even though only one-sixth of the drug ever reaches the cerebrum. We know of no case of death reported as resulting from this mechanism. In the absence of other explanations we believe that perhaps the single case of death in our own series resulted from intravenous injection of the anesthetic. . . . We consider the infracavicular tech-

eic of Balog or that of Anglada, Santoni, and above all, the axillary technic of Hirschel to be very dangerous. . . . Our reasons for this statement are that the artery and vein are in proximity in the infracavicular region, and that the nerves of the plexus form a network around the vein at the level of the axilla; thus the veins are more easily exposed to accidental puncture. All of the cases of death and accident, including our own, can be imputed to errors in technic which are easily averted."

J. C. M. C.


"In the light of the available published data the apparent mechanism of action of analeptics is a physiologic antagonism to depressant drugs, but in view of the needed investigation on the problem this can be no more than a tentative conclusion. Pierotoxin and metrazol (pentamethylenetetrazol) are the most valuable analeptics obtainable today, with pierotoxin being the most potent, judging from laboratory research. Pierotoxin is also more dangerous to use and should only be used in deep depressions and then by someone well versed in its actions. Before the true part played by these drugs in the treatment of depressions can be fully evaluated, more complete and detailed clinical summaries must be made and compiled. The use of analeptics in the treatment of depressions should be only a part of a carefully integrated schedule of treatment including oxygen therapy, pressor drugs, fluid and pulmonary ventilation if necessary, as well as more than one analeptic if indicated."

J. C. M. C.