both in obstetrics and in the performance of caudal puncture, but holds much hazard for the novice in either. In states of acute thyroid activity and established thyroid crisis the use of a spinal anesthetic, by paralyzing the adrenal gland improves the patient's chances. Care and common sense exercised when administering a spinal anesthetic should minimize the risk of infection with subsequent headache and more serious sequela. Procaine administered intravenously is said to relieve many forms of pain in an effective, safe, and prolonged manner. Vascular spasm is said to be relieved by intravenous injection of this drug.

22 references.

F. A. M.


Several attempts have been made to explain the parasympathetic phenomena associated with general anesthesia through an action cholinesterase. Since there is no agreement in the evidence from different laboratories it was decided to carry out a number of experiments in an attempt to clarify the problem. As a result of these experiments it was concluded that "(1) Ether and chloroform in concentration corresponding to those attained during deep general anesthesia do not inhibit the activity of cat serum cholinesterase in vitro. (2) In cats the cholinesterase activity of the serum during deep anesthesia was not depressed. (3) Ether and chloroform in concentrations higher than occur in blood during deep anesthesia inhibit cholinesterase in vitro. (4) The action of ether in the high concentration used is partially reversible. (5) These observations, while not conclusive, support the hypothesis that the parasympathetic effects observed during general anesthesia from ether and chloroform are not due to the inhibition of cholinesterase." 4 references.

F. A. M.


Of 208 consecutive deliveries 169 patients required repair immediately following delivery. Of these, 116 were under local infiltration anesthesia and 53 under inhalation anesthesia. The results of seven repairs were unsatisfactory; three complete disruptions, one fistulous tract, and three partial disruptions. Twenty others were "disturbing" in that redness and edema developed within twenty-four to forty-eight hours, followed by separation of the skin edges, sloughing and sluggish healing. To eliminate the factor of infection the use of penicillin was considered. For 81 consecutive repairs a local infiltration was made of 1 per cent procaine hydrochloride in normal saline to which 250 units of freshly made penicillin sodium were added to each cubic centimeter of the solution. This solution was made fresh at the time of each delivery and an average of 45 cc. was injected into the vulvo-vaginal tissues. Two pudendal nerve blocks were also done. In 77 patients the repairs were considered excellent. In three the results were excellent except for one centimeter shallow separations of the skin at the distal angle. No redness, edema or slough occurred and all three were healed by the fourteenth day. In one patient a large submucosal hematomat required evacuation. Subsequent healing was satisfactory with no sign of infection. Following the use of one brand of penicillin seven patients developed
extravasation of blood into submucosal and subcutaneous tissues at the sites of injection. Actual discomfort during the injection was increased in 50 per cent of the patients. Postpartum symptoms referable to the perineum were less and the repairs were free of swelling, redness or discoloration. Postpartum check-ups showed the repair areas to have less scar, less tenderness and more elastic properties. 10 references.

F. A. M.


A 19 year old male entered the hospital for treatment of a gun shot wound of the upper abdomen. He had received 16 mg. of morphine sulfate forty-five minutes before admission. He was drowsy but could be roused easily. He was given another 16 mg. of morphine with 0.4 mg. atropine sulfate at 12:45. At 1:55 he was given 20 mg. pontocaine plus 2.5 cc. 10 percent dextrose solution between L4 and L5 through a hematoma in the tissues surrounding the point of exit of the bullet. Projectile vomiting occurred at 2:03 followed by cessation of respiration. No pulse, blood pressure or cardiac sounds could be obtained. Artificial respiration, aspiration of vomitus, intubation of the trachea and continued infusion of plasma and administration of oxygen were used in treating the condition. Fifty minutes later the corneal reflexes returned, followed by spontaneous respiration and return of palpable pulse. At 4:30 the patient complained of pain and he was given morphine 16 mg. Skin anesthesia was present to T2. At 4:45 spinal anesthesia was repeated using 150 mg. procaine between T4 and T5. Operation was performed, blood and plasma being given throughout. At the end of a month the patient was returned to the United States, his recovery having been uneventful. The repetition of the spinal anesthetic needed courage but no other anesthetic was available. The recovery after such a long time with no sign of life demonstrates the value of prolonged effort in resuscitation. 8 references.

F. A. M.


At St. Mary's Hospital in Duluth, Minnesota, a review of births since 1937 was undertaken to determine the causes of newborn mortality. A review of the literature was then made and correlated with the findings. Incomplete records made the study difficult. The total number of births at St. Mary's Hospital from January, 1937, until November, 1945, was 9,053. Of these 516 were premature deliveries. There were 80 deaths in full-term deliveries or .93 per cent, and there were 141 deaths among premature deliveries or 27.32 per cent. The number of stillborns for the period was 177. These figures compare favorably with reports in the literature except for the premature deaths in which the number in this series was greater than those reported.

Intracranial hemorrhage is the cause for the highest number of deaths in this series and is second in the literature. Anoxemia was the second highest cause of deaths in this series. An analysis of anesthetics was not attempted due to inadequate records. Lowest fetal mortality follows local infiltration anesthesia. Nitrous oxide and oxygen, given only with pains, is a safe anesthetic. Demerol is used for