anesthetics. . . . Instead of the salts of the novocaine-group, soluble in water, the bases insoluble in water are used (benzocaaine, anesthesine in 1–2 per cent solution). The solvent is absorbed quickly, whereas the anesthetic remains finely distributed and is only slowly absorbed . . . The injection of this preparation is extremely painful. . . . The field to be anesthetized is infiltrated with a 1 per cent procaine solution, or when possible, is blocked. . . . The needle . . . is not withdrawn, but is remaining in the deepest point of the tissue . . . until the anesthetics has become effective. As soon as this is taking place, in every needle 1/2–5 cc. of the preparation are injected, according to need. Special attention is drawn to the fact that the preparation should not be injected too close under the skin. . . . This preparation has been used in 47 cases 92 times by the end of October 1945. No lasting damage was observed. As yet the field of application for this preparation has not been determined. Further experiments are needed. The best results were obtained in the treatment of persistent pruritus ani et vulvae.” 14 references.

J. C. M. C.


“Analgesia of the fifth nerve by the extra-oral approach was first described by Braun in 1905. The technique that we have used in this series was described by Labat in 1922. . . . Dental extractions under extra-oral nerve-block analgesia were performed in 112 cases. The patients were of the ‘poor risk’ type of out-patients. The anterior zygomatic approach for the upper jaw and the inferior alveolar nerve block for the lower jaw were found preferable both by the anesthesiologist and by the patient. It should be emphasized that the procedure should be carried out only under absolutely aseptic conditions. The aspiration test must always be negative. . . . From the dental point of view there have been no complications, the healing of the tissues being quicker than when local infiltration is used.” 4 references.

J. C. M. C.


“The intravenous administration of dilute ethyl alcohol has been advocated as a postoperative sedative and analgesic, capable in many instances of supplanting the opiates. It has been used experimentally in such medical conditions as angina pectoris, certain cardiovascular diseases, delirium tremens, febrile conditions, and as a replacement for or supplement to morphine in incurable cancer. Postoperative intravenous alcohol has been used successfully to control pain and restlessness following nearly every type of surgical procedure. . . . Intravenous alcohol has a twofold value in postoperative recovery; it is given as a sedative and an analgesic, and is also a safeguard against the possibility of atelectasis and other pulmonary complications. . . . The only complications that have been noted from the use of intravenous alcohol are the result of too rapid administration or of escape of fluid outside the vein. . . . Intravenous alcohol is contraindicated in cystitis and should not be given to nursing mothers as in cases after Cesarean section. . . . Although our experience with intravenous alcohol has been somewhat limited, it has been used in a variety of cases with very satisfactory results. Analgesia without narcosis is obtained when it is properly administered, and we believe it has definite value.” 8 references.

J. C. M. C.