Abstracts

aches, which lasted for five days in one case and eight in the other."

J. C. M. C.


"Before spinal anesthesia is employed, it should be indicated... Spinal anesthesia is indicated upon the patient's request for it, unless there is some contraindication to its use. ... A patient to be operated upon while he is conscious should always be prepared by adequate preliminary sedation. ... Of the numerous anesthetic drugs advocated for spinal anesthesia, procaine hydrochloride ('novocain,' 'neocain,' etc.) is usually conceded to be the safest. ... Unfortunately, the effect of 'novocain' is short-lived. There are other drugs which produce a longer anesthesia, but all of them are considered to be more toxic than procaine. 'Pontocaine' is one of these longer-acting drugs, but it has been found to be six times as toxic as procaine when given intravenously and thirteen times as toxic when used subcutaneously. ... If a procaine-pontocaine mixture is used, the onset of anesthesia assumes the speed of procaine, whereas the duration is prolonged to approximate that of 'pontocaine.' By the additional dilution with procaine solution, the toxicity of 'pontocaine' is still further diminished. For the past 12 years at the Newell Clinic, we have used for spinal anesthetics, a 10 per cent procaine solution mixed with an equal amount of 1 per cent 'pontocaine' solution without serious complication. This mixture has been so satisfactory that it has become our favorite spinal anesthetic agent. It produces an immediate anesthesia which lasts from 2 to 3 hours and often even longer... The dose of the procaine-pontocaine mixture has been found to be approximately 1 cc. for each 100 pounds of body weight. The maximum dose is 2 cc. This mixture has been in our use for 12 years and has been found to be a relatively superior and safe spinal anesthesia even in the aged and debilitated." 20 references.

J. C. M. C.


"Interlaminar, or sublaminar lumbar puncture is a relatively simple and easy procedure that may be resorted to when initial median interspinous puncture is difficult or unsuccessful... We do not offer this as a new maneuver... In carrying out the procedure, the patient's back is arched, whether sitting up or one one side, just as in the usual manner. However, maximal flexion is not as essential, since separation of the spines is not necessary. ... A comparatively long spinal needle, e.g., 10 to 15 cm. of the usual gauge, is introduced subcutaneously about 1.5 cm. to 2 cm. lateral to the tip of the fourth or fifth lumbar spinous process. It is then directed cephalad and forward and slightly medially at an angle of approximately 30 to 45 degrees with the plane of the skin overlying the vertebral column and advanced until bone or spinal fluid is encountered. When bone is encountered, and it usually is, the needle is made to glide forward along the lamina by a to-and-fro movement, slightly varying the angle and advancing gradually until the laminar hiatus is reached. The lower border of the superior lamina may engage the trocar, guiding it into the subarachnoid space. The usual 3 1/2