

have availed themselves of this training and development."

J. C. M. C.

CRAIG, P. E.: *Cobra Venom Analgesia in Surgery*. J. Kansas M. Soc. 42: 289-292 (July) 1941.

"In recent years, snake venoms have been used therapeutically in epilepsy and certain blood dyscrasias and have proved efficacious in the control of hemorrhage. Of particular interest to the surgeon is the venom of the Naja Naja or Indian Cobra which is rich in a neurotoxin, possessing powerful analgesic properties. The satisfactory response to venom therapy in a series of twenty-eight patients suffering from the intractable pain of chronic arthritis, encouraged its use in surgery where it is now being employed pre- and post-operatively with gratifying results. . . . The knowledge that cobra neurotoxin produces a slow but prolonged analgesia and possesses a factor of safety equal to or surpassing that of morphine, dilaudid, pantopon or codeine without the hazard of addiction, prompted its substitution for the narcotics in the pre- and postoperative management of thirty elective surgical cases, representative to the type of operative work encountered by the general surgeon in his daily hospital practice. . . .

"Cobra venom was given to sixteen patients three days preoperatively, to fourteen patients one day prior to surgery and to eight patients on the day of operation. In all three groups the injections were continued for two to three days postoperatively. In Group I—Eight of the sixteen patients needed narcotics for the relief of pain. In Group II—Ten of the fourteen patients required supplemental narcotic analgesia. In Group III—Each of the eight cases was given opiates for the control of pain but, in three instances, the dosage needed was approximately

one-half the amount usually given. . . . Cobra venom, although slower in its action than the narcotics, produces a sustained analgesia after the third or fourth injection. It is synergistic with morphine, dilaudid and pantopon in relieving pain. It does not inhibit intestinal peristalsis or narrow the field of vision. It is not habit forming and does not depress the patient—on the contrary, it improves the psyche and stimulates the appetite. It is safe and highly effective when given in therapeutic doses." 14 references.

J. C. M. C.

WILLIAMSON, C. S.: *Laboratory Aids of Value in the Diagnosis of Traumatic Shock and Internal Hemorrhage with a Brief Reference to the Use of Blood Plasma as a Therapeutic Agent*. Wisconsin M. J. 40: 570-574 (July) 1941.

"Simple laboratory procedures are of great value in differentiating between shock and concealed hemorrhage. Recourse to frequent red blood cell counts and hemoglobin estimations will often save the patient in shock from being subjected to emergency surgery and afford the patient with a concealed hemorrhage an opportunity to live through early operative treatment. The depleted blood volume in shock is best restored by infusions of human blood plasma, while the lowered blood volume of hemorrhage is best treated by transfusions of whole blood." 12 references.

J. C. M. C.

SANTY, A. C.: *The Response of Blood Donors to Iron*. Am. J. M. Sc. 201: 790-796 (June) 1941.

"Although occasional blood-letting is sometimes beneficial and is rarely deleterious, frequent donations inevitably cause anemia in the donor. . . . In view of the fact that the rapidity of hemoglobin regeneration is of paramount importance to the professional