

WATERS, E. G.: *Regional Anesthesia: Its Use in Obstetrics and Gynecology*. New England J. Med. 226: 380-382 (Mar. 5) 1942.

"The nerve supply of the external genitals is derived mostly from the anterior collateral branches of the sacral plexus and the pudendal plexus (lower sacrals) and the coccygeal nerves, with sympathetic-nerve contributions. The lumbar plexus contributes through the ilioinguinal, genitocrural and occasionally the iliohypogastric nerves. To effect anesthesia, one must block all these nerves. . . . The region may be anesthetized in several ways: by intraspinal block, the procedure of choice in all fat and difficult women; by sacral block; and by perineal field block. . . . I have given over three thousand spinal anesthetics, with but one death that could be ascribed to the anesthetic. . . . We do not claim it to be the only anesthetic to use or the best in every case, and it has definite contraindications. But it is a very good and very safe anesthetic when properly employed, and its use is not infrequently the major factor in a patient's recovery from a difficult plight. . . . Unfortunately, the facility of administering a spinal anesthetic has obscured the value of another form of nerve block—transsacral, with caudal, block. This is a perfectly safe type of anesthesia that is only moderately difficult to employ. The combination has the virtues of subdural block, with none of the hazards. The objections are the time it takes, frustrating fat and, in pregnancy, inability to obtain the optimum induction position. . . .

"There are several effective ways of obtaining a satisfactory perineal field block; the one that I routinely employ, which has proved satisfactory . . . is the blocking of nerves supplying the vulval and perineal region as they approach that area. . . . For deep vagi-

nal work in gynecology, submucosal local infiltration is added, as well as a broad ligament block for cervical procedures, to anesthetize the uterine and vaginal sympathetic plexuses. It is recommended that adrenalin always be added to the anesthetic solution. In obstetrics, the extreme vascularity of the parts causes a rapid washing out of novocain, with anesthetic failure, unless this precaution is taken." 7 references.

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AAGAARD, G. N.: *Transfusion Reactions and Erythroblastosis Foetalis Caused by the Rh Factor*. Minnesota Med. 25: 4 (April) 1942.

"In 1940, Landsteiner and Wiener first showed that eighty-five per cent of humans had in their red blood cells an agglutinin which could be demonstrated if human red cells were tested with serum from rabbits which had previously been immunized by injections of blood from Rhesus monkeys. Humans possessing this agglutinin were designated Ph positive. Approximately fifteen per cent of humans lacked this property in their red cells. They were called Rh negative. Reports which have appeared recently indicate that the Rh factor may be the cause of a large number of hemolytic transfusion reactions. A causative relationship to erythroblastosis foetalis now seems likely. In addition, there is evidence which suggests that the Rh factor may be of some importance in the production of toxemia of pregnancy.

"Transfusion reactions caused by the Rh agglutinogens and agglutinins were first described by Wiener and Peters in 1940. In their cases the production of the Rh agglutinins in Rh negative patients was stimulated by a first transfusion of Rh positive blood; and a reaction occurred when a second transfusion of Rh positive