

ABSTRACTS

Editorial Comment: A fixed style of presentation for this department of ANESTHESIOLOGY has purposely not been defined. It is the wish of the Editorial Board to provide our readers with the type of abstract they desire. Correspondence is invited offering suggestions in regard to the length of abstracts, character of them, and source of them. The Board will appreciate the cooperation of the membership of the Society in submitting abstracts of outstanding articles to be considered for publication.

ARMATTOE, R.: *A Case of Anaphylaxis after Anaesthesia.* Brit. M. J. 1: 191 (Feb. 13) 1943.

"In 217 cases of 'conduction anaesthesia' with novutox I have met with only one untoward incident. Novutox is the proprietary name for the preparation of 2% w/v solution of ethocaine hydrochloride with adrenaline 0.00002 g. per c. cm. in Ringer's solution with caprylhydrocupreinotoxin HCl in a proportion of 0.00002 g. per c. cm. and thymol 0.0004 g. per c. cm. . . . The patient, a quite healthy individual, complained of severe muscular pain and was given an intramuscular injection of 0.75 c. cm. of novutox in the right flank, the area of maximum tenderness. Ten minutes later he had a severe itch in both arms, pain and dryness of the gums, thirst, and lacrimation. There was shivering, and the eyes became red; the nostrils were blocked, the voice became hoarse, and he was troubled with a severe throbbing pain in the head and frontal sinuses. The face, neck, and hands were livid and unbearably hot. His systolic B.P. was 210, the pulse 115 per minute, and the temperature 105°. He became speechless and dyspnoeic. The patient's clothes were loosened, and the windows in the room widely opened. He was thoroughly mopped with a wet Turkish towel, which after each application to his face became hot and steaming. After 20 minutes he received 6 drachms of brandy without

any effect. Tincture of spirit of ammonia was then given to inhale: this partially cleared the nasal and bronchial passages. In about 45 minutes from the outset he began to speak incoherently in a muffled nasal way. Respiration, though easier, was still laboured, and he now felt cold and shivering. He was at once given a hypodermic injection of two minims of adrenaline hydrochloride, and in exactly 10 minutes was able to dress himself, and his B.P. came down to 180 mm. Hg, the pulse to 84, and the temperature to 99.5°. In another 10 minutes he took a cup of tea and felt much better."

J. C. M. C.

BLOCK, NATHAN AND ROTSTEIN, MORRIS: *Continuous Drip Caudal Anesthesia in Obstetrics.* J. A. M. A. 122: 582-586 (June 26) 1943.

"Since September 1942, when Edwards and Hingson published the first report on continuous caudal anesthesia in obstetrics, there has been great optimism in both medical and lay literature, hailing it the ideal analgesic and anesthetic for labor and delivery. . . . The method we had used originally was not that described by Edwards and Hingson. Repeated large syringe-injected doses of the anesthetic agent seemed full of potential dangers to us, and, so, to get away from this, we devised a technic which employed a continuous drip of procaine hydrochloride