

ABSTRACTS

Editorial Comment: Material for this section is not abstracted in a uniform style. Many employ direct quotations only. Others are written in the more conventional form. In this issue, for the first time, there are included a few opinions, personal to the abstractor, which where they appear, are either bracketed or labeled "Comment." The Editorial Office continues in its desire to receive correspondence from readers relative to the management of this section.

McCulloch, J. F.: *Spinal Anaesthesia in the Australian Imperial Force: a Report of 191 Cases at 2/1 Australian General Hospital.* M. J. Australia I: 527-533 (June) 1943.

"[In] A series of 494 cases of spinal anaesthesia with a 1 in 1,500 solution of 'Percaine' . . . there were no deaths. In 3.6 per cent of cases severe headache occurred and in 1 per cent pulmonary complications, mostly minor; there were two cases of serious splinteric disturbance (one possibly not due to the anaesthesia), two cases of vomiting lasting up to twenty-four hours, and two cases of severe backache. No case gave rise to any anxiety in the operating theatre. Of the total number of patients, 6.6 per cent were given some adjuvant to the anaesthesia, most commonly morphine administered intravenously. One hundred and sixteen patients had had some form of inhalation anaesthesia previously and therefore some standards of comparison. Of these 85 per cent decided in favour of spinal anaesthesia if confronted with the necessity of further surgical operations. One case of 'failed' spinal anaesthesia . . . [occurred]. Safe and satisfactory anaesthesia with a 1 in 1,500 solution of 'Percaine' can be used for a wide range of surgical procedures under conditions which obtain in a military hospital of this type. The value of this preparation is none the less because almost all the patients were males in

good physical condition, as distinguished from a wider range of age, sex and clinical condition such as would be met with among patients in civil practice. 10 references.

J. C. M. C.

Watson, T. P.: *Post-spinal Anaesthesia Headache.* Canad. M. A. J. 49: 122 (Aug.) 1943.

"The patient, a female of twenty years, was admitted to undergo an emergency appendectomy. . . . A spinal anaesthetic was administered, using nupercaine, 1:1,500 solution, with the Etherington-Wilson technique and the patient postured for 35 seconds following administration of 12 mil. of the drug. . . . Following the operation the patient complained of a frontal headache, which did not respond to treatment with aspirin and codeine tablets in horizontal position, nor the application of an ice-bag. The headache subsided when patient heard that she was to be discharged from hospital. This case was presented as an example of a case of post-spinal headache having a psychoneurotic origin. . . . In the prophylaxis of post-spinal headache the following points are of importance: (1) The use of a small needle will obviate the possibility of spinal leakage. (2) Careful follow-up of patients. The incidence is found to vary with carefulness of follow-up. (3) Psychotherapy to induce a proper attitude toward the procedure in the patient's mind.

(4) Elevation of the foot of the bed for six to eight hours, or keeping the patients flat for twenty-four hours. In the treatment of post-spinal headache due to aseptic meningitis the administration of pitressin or glucose saline may relieve intracranial pressure by promoting diuresis. Barbiturates may be required to relieve persistent severe post-spinal headaches."

J. C. M. C.

ADLER, HARRY: *A Study of the Headaches following Diagnostic Spinal Taps*. New York State J. Med. 43: 1328-1330 (July 15) 1943.

"Our study consisted of 108 cases, and it was viewed from several aspects. We performed our spinal taps at 2:00 P.M., with the patient sitting erect, and did the tap as quickly as possible to avoid agitating the patient. We advised him emphatically to go to bed as late as possible; however, if the patient requested hospitalization, it was granted, and if the patient requested bed rest following the spinal, that was also granted. Since the men in our study are likely to take advantage of any opportunity to avoid work or to make known their complaints, our figures are more significant than they might be if they had been taken from a group of patients who must earn their own livelihood. Of our 108 cases, 14 had moderate or severe reactions, a percentage of 13. We thus observe that encouragement to patients to stay erect after a spinal does not increase morbidity but somewhat lowers the percentage of headaches. . . . Edematous changes have been noted in the fundi of patients who have had headaches following spinal taps. Consequently, we believe that the headaches are due to an increased amount of fluid in the central nervous system. . . . Sedation given before spinal tap entails a lower percentage of post-tap headaches. In our own series, we find a definite cor-

relation between constitutional inadequacy and headaches. We must recognize the fact that a patient lying on his back is bound to be very alert to any and all subjective sensations, and therefore we cannot deny that putting a patient to bed after a spinal to avoid a headache is apt to encourage introspection and thereby subject the patient to many troublesome thoughts and sensations. . . . The sooner a patient goes to bed after a diagnostic spinal tap, the more apt he is to have a headache and the more likely it is to be a severe headache. The longer a patient is erect after a spinal tap, the less apt he is to have a headache, and if one is present, it is likely to be mild. We believe there are two factors that predominate as to the causative factors of spinal headaches—namely, constitutional makeup and disturbed psychogenic influences." 11 references.

J. C. M. C.

LAWRENCE, J. W.: *Barbiturate Poisoning*. J. Iowa M. Soc. 33: 303-306 (July) 1943.

"Barbiturate addiction has long been known to occur frequently and is increasing in the United States. . . . Besides the dangers of addiction, which include accidental overdosage, these drugs seem to influence many of the addicts to commit suicide. Certainly the fact that there were four cases of poisoning by the barbiturates in 913 necropsies, which led all other poisons except alcohol as a cause of death, indicates the seriousness of their promiscuous use. . . . The following general measures should be carried out: Evacuate and wash out the stomach with permanganate solution, 1:3,000; intravenous infusions of normal salt and dextrose solutions; artificial respiration and inhalation of oxygen through nasal catheter. Strychnine may be given as a stimulant. Suction should be used for secretions which accumu-

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