

nary but sweeping character, namely, that shock is reversible at all stages. It has been explained that this result does not imply saving of life in all cases, though a later paper will give examples of the reversal with quantities of fluid which are compatible with permanent recovery, in shock produced by the same and various other methods. This partial publication, leaving references and various details to be supplied later, has seemed advisable in the existing war emergency, because the experiments if confirmed may suggest clinical trials in cases of shock which are hopeless under present methods."

J. C. M. C.

NOSWORTHY, MICHAEL: *A Method of Keeping Anaesthetic Records and Assessing Results*. Proc. Roy. Soc. Med. 36: 468-471 (July) 1943.

"The present aim was to combine on the same card the usual anaesthetic chart for collecting and recording all the relevant data as well as a method for assessing results statistically without having to use either a code book or a sorting machine. The anaesthetic record is printed on a card 8 in. by 5 in. in size. . . . Around the four sides of the card holes are punched. What each group of holes and each individual hole represents is shown by headings and subdivisions printed against them on the front of the card. . . . The data collected at operation, like other positive factors noted on visiting the patient during his stay in hospital, are subsequently marked with a circle in their appropriate subdivisions round the sides on the front of the card. When the patient has left hospital the holes opposite the encircled positive factors are converted into slots by cutting out a 'V' from the edge of the card opposite each with a pair of special nippers or scissors. . . . Sorting of a pack of completed records

is accomplished by running a knitting needle through the hole representing the factor under consideration, by spreading the pack over its length in order to prevent any cards from clinging together, and then by raising the needle. . . . By repeating this manoeuvre it is possible to find quickly all statistical data required—e.g., the number of a given type of operation performed under a particular anaesthetic technique and the post-operative morbidity and mortality, &c."

J. C. M. C.

H. P. R.: *Caudal Analgesia Publicity*. M. Ann. District of Columbia 12: 271-273 (July) 1943.

"The 'de-Kruffian' style of recent publicity . . . deserves comment.

"Following the work of Lemmon and Lemmon and Paschal on continuous spinal anesthesia, Hingson and Edwards announced their method of administering continuous caudal analgesia in obstetrics. . . . The pioneer work . . . has been followed by articles by Greedy and Hesseltine . . . Block and Rochberg . . . Adam Lundy and Seldon . . . for obstetric analgesia. . . .

"The method involves the use of a long, malleable needle . . . for the transmission of a local anesthetic agent to the caudal canal epidurally, the hook-up remaining in place throughout labor. . . . There have resulted a large proportion of cases in which highly satisfactory analgesia was obtained. However, contraindications have been noted: placenta previa, inertia uteri, hysterical or psychotic states, disproportion, difficult rotations and versions, hypersensitivity to local anesthetic agents, infective processes over the sacrum and sacral hiatus, and congenital or traumatic malpositions or configurations of the vertebral column, especially of the sacral segments. Complications do not often occur but

those noted have been both minor and major: minor, such as no analgesia, unilateral analgesia, dizziness, drowsiness, diplopia, headache, severe postpartum backache, nausea, sensory paralysis above the nipple line for 24 hours, local trauma; major, such as breaking off needle or shearing off end of catheter, subarachnoid injection, intravenous injection, trauma to intracranial nerves, profound circulatory collapse, respiratory paralysis, and infections including meningitis, epidural abscesses, cellulitis of back; apparently there was one death from infection. . . . All articles stress the limitation of the method to well-equipped institutions ('because of the danger of complications') and also to administration by individuals 'especially trained in its technic or in a realization of conditions which might contraindicate its use.' Dr. McCormick stated: 'It is predictable that the use of caudal analgesia as an obstetric relief will be limited eventually to selected cases conducted by extra-competent hands.'

"In spite of the hazards listed above, the lay press soon broke out with a rash of fair promise. *Time* conservatively limited itself to the adjective 'remarkable.' . . . An editorial in the *American Journal of Obstetrics and Gynecology* states, 'It seems unfortunate that the recent wide newspaper publicity may lead to false hopes among pregnant women as to the practicability and safety. . . .'

"The word 'safe' began to appear, first in an editorial in the *Journal* and then in rapid succession in *Your Life*, *Hygeia*, and *Readers Digest*. The article in *Your Life* was relatively restrained, but *Hygeia* said 'amazing,' 'amazingly effective.' . . . *Readers Digest* quotations: 'At last, the safe and painless method of childbirth has been found'; 'Previous attempts to free women from pangs of childbirth have met with failure'; 'The special . . . needle . . . will not break even if the

patient rolls over or changes her position.' In the latter part of all these articles appeared a paragraph regarding restrictions as to where and by whom the method should be administered; this appears in italics in *Readers Digest* and is there introduced with this patronizing remark: 'The method is still in what modern medical science likes to call an early experimental stage.' . . . The number of women now demanding this new type of management reinforces the statement that this lay publicity has run far ahead of present knowledge and facilities.

"While it is clear that the authors of the method had nothing to do with this lay publicity, and must have been considerably embarrassed by it, the administration of the United States Public Health Service appears to have given it its blessing, since a foreword from the Surgeon General was published with the article in *Readers Digest* and . . . the *Womans Home Companion*.

" . . . Comment appearing in the *Journal of the American Medical Association* . . . in regard to a different scientific subject but in a circumstance similar to the present, wherein Paul de Kruif was castigated for similar lay publicity activities. . . .

" 'In the *Readers Digest* for September appears an article by Paul de Kruif entitled 'Found: A One Day Cure for Syphilis' heralded by the editors of that periodical as 'the medical sensation of the year.' . . .

" 'As nearly as can be determined, all the effusion is based on a few paragraphs from an article on fever therapy by Drs. Walter M. Simpson, H. Worley Kendall and Donald Rose. . . .

" 'This is another instance in which Mr. de Kruif has expanded preliminary medical investigations into announcements to the public that go far beyond anything that the available evidence could warrant. The *Journal* is being deluged with letters from physicians indicating that the article already doing great harm in creating dissatisfaction among persons with syphilis as to time that may be required to bring about a cure. . . . It is unfortunate that . . . the statements of

Mr. Paul de Kruif should have placed . . . research in such an unenviable position before the medical profession.'

"Strange as it may seem, the foregoing quotations are from the editor of the *Journal of the American Medical Association*."

Comment: It is most unfortunate that comments made in regard to this technic have raised hopes so high in so wide a circle of prospective recipients of an overstressed pain relief measure before the facts have been properly weighed and attested.

P. M. W.

PRESMAN, D. L.; JANOTA, M.; WESTON, R. E.; LEVINSON, S. O., AND NECHELES, H.: *Intensive Human Serum Treatment of Burn Shock and a Modified Formula for Calculating the Amount of Infusion*. *J. A. M. A.* 122: 924-928 (July 31) 1943.

"The usual serum or plasma therapy of acute extensive burns has been found to be inadequate."

"Serum or plasma therapy must be given from the point of view of restoring a normal blood volume and not by units of fluid."

"Our data and clinical observations definitely indicate the need for much larger doses of serum or plasma in the treatment of burn shock, than are provided by the common formulas. By far the greater part of the fluid should be administered during the first twenty-four hours."

"We suggest in the treatment of extensive burns in adults the immediate administration of 50 cc. of serum (or 60 cc. of plasma) for every per cent of body surface burned and in addition, 20-30 cc. for every percentage point should be administered during the first twenty-four hours and another 20-30 cc. in the first 72 hours, following the burn. Total administration therefore, should be at least 100-110 cc. for each

per cent of body burn. Crystalline fluids should not be given during the first 24 hours. Fluids and a high protein diet by mouth should begin as soon as possible."

"Simultaneous analyses of blister fluid and of blood plasma have been performed. Blister fluid contains a concentration of proteins equivalent to 70-80 per cent of the plasma proteins. The albumin content of blister fluid was fairly constant, but the globulin content showed decided variations independent of the albumin or globulin values of the blood and of the albumin values of the blister fluid."

V. T. C. B. H.

NECHELES, H.; LEVINSON, S. O.; JANOTA, M.; WESTON, R. E., AND WEISMAN, V.: *Studies on the Therapy of Hemorrhagic Shock. I. The Effect of Iso-Osmotic and of Concentrated Serum and Plasma in Normal Dogs*. *Surg., Gynec. & Obst.* 77: 337-344 (Oct.) 1943.

"Healthy mongrel dogs were bled under carefully controlled conditions and then treated by infusions of iso-osmotic serum and plasma and concentrated serum and plasma . . . all the animals received comparable amounts of protein, the two types of infusion differing only in the total fluid volume administered. . . ."

". . . Results demonstrated that iso-osmotic plasma protein solutions are more effective in the treatment of post-hemorrhagic shock in normal dogs than are concentrated solutions. The relative clinical improvement, restoration of blood pressure and plasma volume, ability to tolerate further blood loss, and survival times strikingly demonstrate the superiority of iso-osmotic over concentrated material." 23 references.

A. W. F.

Downloaded from https://www.physiology.org/ by guest on March 20, 2024