scopic drainage should be instituted without delay." 26 references.

A. W. F.

KRIEG, E. G.: *Control of Postoperative Pain. Application of Cold to the Operative Site.* Am. J. Surg. 62: 114–116 (Oct.) 1943.

". . . The aim of this procedure has been the substitution of cold for narcotic drugs either in whole or in part. Our initial experience involved a patient who required appendectomy and who was violently allergic to all opium derivatives. Her postoperative pain was entirely controlled by the application of ice caps. . . .

"The temperature induced by the application of bare ice caps is approximately 6° C. There has been no evidence of any interference with wound healing in any of our cases."

"The efficacy of the ice cap is attested to by the reduction in the amount and the type of narcotic actually required. After preliminary experience it was found that codeine sulphate in 1 grain dosage was sufficient to control the residual pain in all except the occasional individual. In this series 20 per cent of the adults and 70 per cent of the children required no narcotic. . . .

"Coincident with the reduction in the amounts of narcotic administered there has been an abrupt fall in the complication attributed to anesthesia and/or operation."

"The method is simple. . . . The dressing consists of a double thickness of cellophane sealed to the skin by wide strips of adhesive tape thus providing a water-proof dressing of good conductivity . . . the cellophane should be of the thickness of that commonly used for oxygen tents and the handling is best accomplished by wrapping in cloth as a flat package which is sterilized in the autoclave."

"The second part consists of one or more ice caps without the usual flannel jacket. The bare cap is placed directly upon the cellophane immediately after operation. In order to be effective the cold must be applied for at least one-half hour. The contents of the cap must be renewed as frequently as the ice disappears because ice water is not effective. . . . The ice must be replaced from one to three hours. In the average case the ice cap may be discarded after the second day. 5 references.

A. W. F.

MURPHY, F. C., AND POSTLETHWAIT, R. W.: *Novocain Injection for Minor Injuries in the Military Service.* Surg., Gynec. & Obst. 77: 397–402 (Oct.) 1943.

"During the year 1942, it was necessary to admit to the hospital 55 patients with acute strain or spasm of the knee, ankle, or back. The average duration of hospitalization for these patients was 10.3 days. Since novocain injection has been used for these injuries, we have admitted only one patient with severe traumatic synovitis of the knee for 48 hours."

". . . Based on our observations of the symptoms and signs in these injuries, we believe the effect of novocain injection to be due to two principal factors: first, the immediate decrease of muscle spasm, and second, the delayed but important correction of local anoxia."

Before proceeding with the injection, all patients are examined clinically and roentgenologically. The patient is placed in the recumbent position. . . . The most tender points in the injured area are then identified and marked with gentian violet and the skin prepared with tincture of merthiolate or iodine. . . . Sterility must be scrupulously maintained. . . . A wheal is then raised with 1 per cent nococain . . . a 1½" 21 gauge needle