

EDITORIAL: *Local Anesthesia Treatment of Sprains*. New York State J. Med. p. 2383 (Dec. 15) 1943.

"Sprains increase absenteeism or serve to retard productive capacities . . . in the military sphere. . . The problem was of sufficient magnitude to warrant study, and a solution has been reported and verified.

"Comparison . . . led to . . . the injection of procaine hydrochloride into the involved areas. Ten to 20 cc. of a 2 per cent solution were generally injected into the injured ligaments. All tender points and the adjacent areas were anesthetized. Injections were continued until motion disclosed the absence of all pain. Preliminary x-ray studies were made to exclude fractures or injuries other than ligamentous ones. . . . Instead of immobilization, normal use of the joint hastened recovery. Undue mobility . . . should be avoided. . . . It appeared that use of the injured ligaments accelerated the absorption of extravasated blood or fluid transudates. . . .

". . . Treatment of sprains by infiltration . . . with a local anesthetic is not a new discovery but rather is a rediscovery. . . . Success depends upon two factors: the elimination of pain and tenderness and the normally active use of the sprained joint. . . . This . . . permits the resumption of normal activity without loss to the individual, to the organization . . . or to industry."

P. M. W.

GILLESPIE, N. A.: *Death During Anaesthesia*. Brit. J. Anaesth. 19: 1-16 (Jan.) 1944.

Too often the anesthetic agent has been blamed for the occurrence of death during anesthesia, while the condition of the patient and the wisdom with which he has been treated have been overlooked. A plea for the frank statement and evaluation of the facts

is made. Logical and strict definitions of "mortality" are suggested. The author outlines the attitude which surgeon and anesthetist should have toward moribund patients, an attitude which, unfortunately, does not seem to be common in this country. The point is made that to ascertain the statistical frequency of death during anesthesia one must consider large numbers of cases of all types, including those in which operation had been attempted in any case in which it held out the only hope of recovery.

An attempt is made to determine the incidence of deaths during operation by tabulating the results of five teaching hospitals in three different countries. This figure is fairly constant the average being 0.12 per cent in 227,546 cases. The best figure was .089 per cent for some 61,000 cases and the worst .198 per cent in some 25,000 cases.

The author then reports in detail his personal experience of seven such cases in 13,000 administrations. The causes of death are discussed, and he speculates as to whether or not death could have been avoided.

A. I.

ELAM, JOHN: *The Need for an Accurate Understanding of Anaesthetic Risks*. Brit. J. Anaesth. 19: 32-44 (Jan.) 1944.

In this article Dr. Elam points out that though we are all aware of the occurrence of anesthetic accidents, the reporting and analyzing of such events have been entirely inadequate, so a worth-while assessment of anesthetic risks and deaths has not been possible. Older methods and agents, notably chloroform, have been abandoned. He questions whether this change has been justified. Studies of deaths and accidents with various agents are quoted from the literature. No conclusions can, however, be drawn except that the