

half gr. was also injected intramuscularly. The patient was immediately put in the Trendelenburg position, and after three-quarters of an hour he was taken back to his room. A feeling of faintness was complained of soon after the injection, but it quickly passed off and he was feeling well, but died three hours after spinal anaesthesia. The prosecution mainly alleged that he was left in his room without the head being kept low, the hypobaric (light) solution caused respiratory and circulatory failure by poisoning the medullary centres. . . .

"The post-mortem findings in this particular case were hypertrophy of the heart, and some fatty infiltration of the liver. The former points to some peripheral resistance to the circulation—sclerotic kidney, high blood-pressure, etc. The latter, though it may not be marked, interferes with the detoxification of the drug, and may therefore produce serious toxic effects even though the fatty infiltration may be slight. . . . Spinal anaesthesia is not well-tolerated by patients with high blood-pressure, and the kidneys cease secreting if there is a sudden great fall of blood-pressure. . . . I have observed no harmful effects in patients who, after operation, were kept flat, without blocks under the feet of the bed, even after high analgesia, whether by hypo, iso, or hyperbaric solutions. . . . The feet of the bed may be kept raised in cases where the blood-pressure is low. The reason for maintaining the Trendelenburg position after spinal is, . . . not to prevent diffusion upwards, but in the hope of preventing severe post-anaesthetic headaches."

J. C. M. C.

HINGSON, R. A.; FERGUSON, C. H., AND PALMER, L. A.: *Advances in Spinal Anesthesia*. Ann. Surg. 118: 971-981 (Dec.) 1943.

"Within the last five years spinal anesthesia has become the method of

choice in 30 per cent of our operative cases. Since January 1, 1938, we have performed 5150 spinal anesthetics in the United States Marine Hospital at Stapleton, Staten Island, New York. . . . The recent advances in spinal anesthesia; namely, (1) the principle of continuous spinal anesthesia, with an improved method of administration; (2) the addition of a more compatible supplement such as sodium pentothal; (3) more careful selection of cases for the procedure have greatly increased the benefits of this method for both the patient and the surgeon; (4) uniform results obtained with both long and short acting anesthetic agents in properly selected cases; and (5) partial withdrawal of unused and unfixed spinal anesthetics after operation permits more rapid return of physiologic nerve function. The incidence of success for this method varies directly with the skill and experience of the anesthetist. There must be recognized that a permanent hazard exists in the administration of this type of anesthesia. For our type of service, the advantages far outweigh the disadvantages, with the result that spinal anesthesia has become our most reliable method of surgical pain relief."

J. C. M. C.

COWAN, ELLEN B.: *Spinal Anaesthesia in Cases of Delivery by the Obstetric Forceps*. J. Obst. & Gynaec. Brit. Emp. 50: 433-436 (Dec.) 1943.

"The use of spinal anaesthesia in cases of delivery by the forceps has been found to be of benefit under certain conditions. The cases in which this method would be found to be advantageous are: 1. Deliveries following prolonged labour where there was 2nd stage delay and the patient was becoming exhausted. 2. Cases in which an anaesthetic had been already administered during the course of labor. 3. Cases of cardiac disease especially with an associated chest condition. 4. Cases