

level of anesthesia on the dependent side with continuous cramps on the upper side.

"The continuous caudal equipment is quite difficult to manage when the patient is being moved. A long tube protrudes from the back of the patient. One must be careful not to pull on that tube the slightest as the needle will be displaced or the tubing pulled from the needle hub. The accompanying tray of bottles, syringes, etc., which one must keep sterile, is difficult to manage for eight hours.

"No special equipment is needed for single caudal blocks."

A. W. F.

ROMAN-VEGA, D. A., AND ADRIANI, JOHN: *The Efficiency of "Oenethyl" (2-methyl-amino-heptane) as a Vasopressor Substance for Spinal Anesthesia*. South. M. J. 38: 635-641 (Oct.) 1945.

"It is a well recognized and established fact among anesthetists that vasopressor substances are the most effective therapeutic agents for combating the hypotension which frequently accompanies spinal anesthesia. The vasopressor substances usually employed are ephedrine, 'neosynephrin,' and to a certain extent, propadrine and epinephrine. These substances belong to a group of chemically related aromatic amines. Although these aromatic amines are used extensively and serve the purpose satisfactorily so far as control of hypotension is concerned, they possess certain side effects and a variability of action which often limit their usefulness. Tachycardia, palpitation, dizziness, tremor, nausea, sweating, pallor and coldness of the skin are some of the objectionable features which curtail their clinical value and often cause another vasopressor to be desired. Recently, a number of aliphatic or straight chained amines have been pre-

pared which possess not only a vasopressor action, but also cause responses which suggest sympathetic stimulation. One of these, 2-amino-heptane, also known as 'tuamine' has been used as a vasoconstrictor in the nasal passages. Another of these, 2-methyl-amino-heptane or 'oenethyl,' likewise is pharmacologically related to 'tuamine.' . . . Inasmuch as aliphatic amines have never been employed for overcoming the hypotension of spinal anesthesia, the writers have been interested in determining the clinical value of this type of compound for this purpose. A drug of this sort suggests other clinical uses, particularly those for which epinephrine is employed. However, this report, which includes experiences with the drug in seven hundred surgical patients, deals exclusively with its use in spinal anesthesia. . . . 'Oenethyl,' or, 2-methyl-amino-heptane, was used effectively to combat hypotension during spinal anesthesia in seven hundred operative cases. With few exceptions, side actions such as nervousness, palpitation, headache, dizziness, sweating and so forth were not encountered. The substance appears to be a satisfactory vasopressor for spinal anesthesia and is worthy of further clinical trial." 2 references.

J. C. M. C.

BELINKOFF, STANTON: *Coma During and Following Spinal Anesthesia*. Ann. Surg. 122: 278-286 (Aug.) 1945.

"It has long been known that severe anoxemia produces damage to the brain tissues, the cortical areas being the most vulnerable. . . . It has been demonstrated experimentally and seen clinically that the extent of brain damage is directly proportional to the duration and severity of the anoxemia. In this report, anoxia of sufficient extent to produce coma during spinal anesthesia will be considered. . . .