

lapse of the patient under spinal anesthesia will rarely be made." 8 references.

J. C. M. C.

YASKIN, H. E., AND ALPERS, B. J.: *Neuropsychiatric Complications Following Spinal Anesthesia*. Ann. Int. Med. 23: 184-200 (Aug.) 1945.

"In the past few years we have been concerned with a number of neurologic and psychiatric problems in which the question of a relationship to a previously administered spinal anesthetic was pertinent. We are reporting six personally observed instances of neuropsychiatric complications following spinal anesthesia. We are also describing a case of metastatic spinal cord neoplasm which came to light following spinal anesthesia in which the anesthetic agent was for a while suspected as being the cause of the myelitic syndrome. These cases are presented not as a disparagement of a very valuable, if not indispensable, form of anesthesia, but with the intent to emphasize the necessity of looking for and recognizing complications, and, if possible, preventing them. . . . In all of the first four cases whose postanesthetic toxic neural complications were definitely established, the cocaine derivative used was known; one received pontocaine, two procaine and one metycaine. The sites of injection were the lumbar subarachnoid spaces between the third and fourth lumbar vertebrae or lower. In this series there was an instance of transverse myelitis, two cases of cauda equina neuritis and conus medullaris involvement and a case of pure pyramidal tract involvement. The time elapsing between the spinal anesthesia and the appearance of the neural complications was almost immediate in all cases. In one of the four cases the neurologic disturbances appeared within two to five days after the an-

esthetic. Clinically all of these cases of post-spinal anesthetic neural complication showed little recovery after periods ranging from one to four years. The spinal fluid showed no characteristic picture. There was no pleocytosis or increase in spinal fluid total protein except in . . . [one] case. . . . Occasionally spinal anesthesia may be falsely accused of causing neurological disturbances. . . . Two of the reported cases were in the nature of conversion hysteria 'paralysis' of the lower extremities. The conversion mechanism was conditioned by the patient's subjective experience with spinal anesthesia. A case of metastatic spinal cord neoplasm, which came to light immediately following spinal anesthesia, . . . illustrates the importance of keeping in mind the possibility of preexisting neurologic disease when evaluating the role of spinal anesthesia in the causation of postoperative neurologic sequelae." 59 references.

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KREMER, MICHAEL: *Meningitis after Spinal Analgesia*. Brit. M. J. 2: 309-313 (Sept.) 1945.

"Seven cases of meningitis following spinal analgesia and one following diagnostic lumbar puncture [occurred in the Middle East]. The condition is a low-grade meningitis caused by a variety of organisms introduced at the time of lumbar puncture. The main clinical features are the chronic nature of the illness and the tendency to relapse. It is suggested that this is due to the formation of adhesions containing infected C.S.F., which is liberated from time to time. These adhesions may cause spinal block or hydrocephalus. . . . The irritation produced by the analgesic may enable an organism to gain a foothold. Treatment is mainly prophylactic." 21 references.

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