

BRIEFS FROM THE LITERATURE

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Dr. Pender has kindly consented to act as Editor of the new Abstract Section of ANESTHESIOLOGY. Suggestions and criticisms for increasing the effectiveness and appeal of this new section will be welcomed by Dr. John W. Pender, 300 Homer Avenue, Palo Alto, California.
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RESEARCH Knowledge is a function of the knower, necessarily modified by his philosophy, by his experiences and by his immediate objectives. (*Hopps, H. C.: On Philosophy of Research, Texas Rep. Biol. & Med. 14: 362, 1956.*)

TEAMWORK The anesthesiologist must be the clinical physiologist and pharmacologist whose skills are used to maintain respiration, circulation, and the metabolic homeostasis of the patient. The geriatric patient will fare well in the hands of the surgeon and anesthesiologist working as an operative team. (*Glenn, F., and Artusio, J. F., Jr.: Surgeon and Anesthesiologist as Team for Geriatric Surgery, J. Am. Geriatrics Soc. 4: 851 (Sept.) 1956.*)

HEADACHE Following diagnostic lumbar puncture a patient developed severe headache. Forty-eight hours afterward an intracranial subdural hematoma was evacuated. (*Harris, P.: Headache After Spinal Anesthesia, Lancet 271: 786 (Oct. 13) 1956.*)

ISCHEMIC CONTRACTURE In injury about the elbow, if pain, pallor and paralysis are present along with pulselessness, it is the duty of the surgeon to explore the antecubital fossa for injury to an artery. Even if it does not appear to be damaged, a segment of artery in spasm should be resected if the spasm is not relieved by bathing with isotonic sodium chloride or procaine solution or by stellate ganglion block. (*Lipscomb, P. R.: Etiology and Prevention of Volkmann's Ischemic Contracture, Surg., Gynec. & Obst. 103: 353 (Sept.) 1956.*)

PARACERVICAL BLOCK Injection of 5 to 10 cc. of anesthetic solution into each lateral fornix of the vagina gave satisfactory relief from the pain of uterine con-

tractions in a large per cent of 364 patients. Many local anesthetic agents were used, but the best results were obtained with 2 per cent lidocaine and epinephrine. Many failures were unexplained, except by improper localization of the injection. Only two serious maternal complications occurred—a lumbosacral plexus neuritis from Efo-caine, and a serious general reaction to Cyclaine. (*Freeman, D. W., and others: Paracervical Block Anesthesia in Labor, Obst. & Gynec. 8: 270 (Sept.) 1956.*)

CURARE IN OBSTETRICS A study of 200 obstetrical patients alternately given a placebo or an injection of repository curare, showed no significant differences in the two groups, except a reduction in the number of episiotomies in the curare treated group. In spite of the absence of harmful effects, the further use of repository curare did not seem to be justified. (*Cohen, E. N., Theissen, H. H., and Marvin, J.: Repository Curare in Normal Obstetrics; Controlled Study, Am. J. Obst. & Gynec. 72: 323 (Aug.) 1956.*)

CESAREAN DEATHS Five maternal deaths occurred during 1,375 cesarean sections at Los Angeles County Hospital, a percentage of 0.36. One of the deaths was the result of cardiac arrest during spinal anesthesia for a markedly apprehensive patient under light premedication. (*Hibbard, L. T., and Kroener, W. F., Jr.: Maternal and Fetal Mortality Associated with Cesarean Section, West J. Surg. 64: 485 (Sept.) 1956.*)

FETAL MORTALITY The combination of heavy sedation and inhalation anesthesia seldom appeared to be the principal factor in 640 fetal deaths occurring during 20,930 deliveries. Instead, this combination more often appeared to be complementary to other complications that pro-