

weeks. (Wilton, T. N. P., Sleight, B. E., and Chandler, C. C. D.: *Tetanus, Lancet* 1: 940 (May 3) 1958.)

CURARIZATION FOR TETANUS Two children with severe tetanus were treated with tubocurarine and intermittent positive pressure respiration after large doses of hypnotic drugs and mephenesin had failed to control the spasms. Curarization required an average of 160 mg. daily in one child, and 140 mg. in the second child. The requirements were constant for fifteen and thirteen days, respectively. Sedative and hypnotic drugs were used sparingly after curarization in the first case, and hardly at all in the second. Both children had complete recovery. (Powell, K. J., Brimblecombe, F. S. W., and Stoneman, M. E. R.: *Treatment of Severe Tetanus by Curarisation and Intermittent Positive-Pressure Respiration, Lancet* 1: 713 (April 5) 1958.)

MORAL RESPONSIBILITY In practicing clinical research, there is an obvious conflict which is not experienced in purely medical work. The physician's care is focused first, last and all of the time on his patients; but the good investigator must be very much interested in his problem. There are many other loyalties, however, common to both of these men which conflict with that to their patients—responsibilities for teaching, for their families, for their livelihood, their own health and recreation, and perhaps for Christian, social, or political work. The investigator has just one more loyalty to which he must give correct priority—loyalty to his particular search for the truth. (Special Article—*Moral Responsibility for Clinical Research, Lancet* 1: 902 (April 26) 1958.)

MASS CASUALTIES In civil and military emergencies involving mass casualties, the usual methods of anesthesia may not be applicable. A system of anesthesia involving only an intermittent positive pressure artificial respiration unit utilizing atmospheric air has been tested. The only drugs employed were pentothal, meperidine and *d*-tubocurarine chloride. The technique is simple in the hands of an experienced anesthetist. On the other hand, ether and air administered by open mask or with a vaporizer is undoubtedly less dangerous in the hands of people with little training.

(Ruben, H., and others: *Anaesthesia in Mass Emergencies, Lancet* 1: 460 (Mar.) 1958.)

PROGRESSIVE CARE Grouping of acute patients needing special care will improve their care and reduce hospital cost. The Manchester Hospital in Manchester, Connecticut, has also introduced a self-service unit where patients can recuperate while still remaining in the hospital under some supervision. Progressive care requires frequent transferring of patients but is liked by the hospital staff, patients and medical staff. (Thoms, E. J.: *Report on Progressive Care—It Works, Mod. Hosp.* 90: 73 (May) 1958.)

HOSPITAL INFECTIONS Staphylococcus infections in hospitals are becoming more widespread because of the development of resistant strains, modification of the resistance of the patient by such drugs as corticosteroids and antibiotics given for "prophylaxis," and the neglect of the principles of asepsis and good house-keeping by many hospital personnel. Suggestions for control include the following: keep the number of personnel present in the operating room to a minimum, not wear scrub clothes outside the operating room, change masks frequently, avoid rough handling of tissues and creation of hematomata, and clean anesthetic equipment between patients. Patients who are particularly susceptible to infection with hospital staphylococci, such as the newborn, the very aged, and patients receiving steroids should receive care to protect them from undue exposure to infection. (Jawetz, E., and Grossman, M.: *Three Ways to Fight Infection, Mod. Hosp.* 90: 92 (May) 1958.)

INVESTMENTS The Canadian Anaesthetists Society has authorized the incorporation of an open end mutual investment fund to provide a vehicle for the investment of savings by members. (*Medical Economics, Canadian Anaesthetists Mutual Accumulating Fund, Canad. M. A. J.* 78: 800 (May 15) 1958.)

TETRACAINE TOXICITY A review of literature by several authors indicates a significantly higher incidence of toxicity reactions to 2 per cent tetracaine than to 5 per cent or 10 per cent cocaine, used

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topically. It is suggested that a maximum dose of 20 mg. of tetracaine be recognized when used for topical anesthesia. (Green, J. W.: *Toxic Reactions to Local Anaesthetic Drugs*, *Canad. M. A. J.* 78: 280 (Feb. 15) 1958.)

SPINAL ANESTHESIA Spinal anesthesia is not suitable for the extremely ill or shock patient, for the very old patient with a rigid vascular system, nor for patients with severe hypertension. Nevertheless, there is a wide range of operations in which spinal affords the surgeon anesthesia, relaxation and hypotension by a single injection, thereby making it an ideal method. Like all other anesthetic techniques, it has its risks, but it also has great merits which are plain to see unless one is unduly biased. (Lake, N. C.: *Spinal Anaesthesia (Present Position)*, *Lancet* 1: 387 (Feb. 22) 1958.)

SPINAL COMPLICATIONS On reviewing the records of 1,840 patients who had spinal anesthesia on the obstetric service in the Kaiser Foundation Hospital during the period from 1951 to 1955, no permanent neurological sequelae were found. The headache incidence was 20.1 per cent for vaginal deliveries and 10.8 per cent for cesarean sections. The technique included the use of 22 gauge spinal needles, sterilization of the ampuls by immersion in a 99 per cent isopropyl alcohol containing 1/500 Zephiran solution, and the use of heavy Nupercaine in most of the procedures. (Makepeace, A. W.: *Spinal Anesthesia in Obstetrics*, *Obst. & Gynec.* 11: 438 (April) 1958.)

OBSTETRIC ANALGESIA Oral Mepazine (Pactal), given in the first stage of labor, has been found effective in reducing apprehension and in potentiating analgesics and hypnotics. Side effects are mild, uterine contractions are not diminished, and the fetus appears unaffected. (Purkis, I. E.: *Potentiality of Obstetric Analgesia, Preliminary Report on Mepazine (Pactal)*, *Canad. M. A. J.* 78: 245 (Feb. 15) 1958.)

PERINATAL MORTALITY The birth of 50.8 per cent of premature and 60.2 per cent of mature infants was associated with analgesia. Fifty-four per cent of

the mature infants who died had been delivered under inhalation anesthesia, 21 per cent under local or low conduction anesthesia. Nevertheless, the frequency of preventability of death did not appear to be influenced by the anesthetic agent administered: the difference in the frequency of preventability between no anesthesia and inhalation anesthesia appeared to be significant. This degree of preventability was 29 per cent for premature infants, but 63 per cent for mature infants. There was no conclusive evidence to indicate a relationship between neurologic disorders and obstetric anesthesia. (*Report on Conference on Perinatal Mortality*, *Bull. New York Acad. Med.* 34: 311 (May) 1958.)

HYPOXIA IN PREGNANCY The role of hypoxia in the production of congenital malformations was assessed by subjecting pregnant mice to reduced oxygen tensions at simulated high altitudes of 25,000-35,000 feet. Congenital defects were produced which were directly proportional in incidence to the degree of anoxia and to length of exposure to reduced oxygen tensions. The type of defects were dependent upon the precise stage of somatic differentiation when maternal hypoxia was induced. It was concluded that hypoxia of the mother, during somatic differentiation of the embryo, may induce congenital malformation. (Ingalls, T. H. and Curley, F. J.: *Principles Governing Genesis of Congenital Malformations Induced in Mice by Hypoxia*, *New England J. Med.* 257: 112 (Dec.) 1957.)

CESAREAN SECTION In a five year study of cesarean sections done at Winnipeg General Hospital, it is seen that general anesthesia for this operation has gradually surpassed spinal in popularity, over 65 per cent of the cases being done during the last year of the study with cyclopropane or combinations with nitrous oxide. In the field of blood replacement, there has developed a significant trend away from the single bottle transfusion. More frequently, blood is being given only when a pressing indication for more than unit is present. (Bradford, C. R.: *Cesarean Section of the Winnipeg General Hospital Maternity Pavilion, 1951-1956*, *Canad. M. A. J.* 78: 392 (March 15) 1958.)

The briefs of Russian literature were taken from *Excerpta Medica's* "Abstracts of Soviet Medicine," supplied through the courtesy of the National Institutes of Health, Public Health Service.