

agement of Blood Loss Anemia, Surg., Gynec. & Obst. 106: 734 (June) 1958.)

NORADRENALINE A man in shock from myocardial infarction was treated with an intravenous infusion of noradrenaline 1:100,000. The blood pressure responded to this treatment and was maintained at about 110/70 for 68 hours after which the pressor drug was not required. A total of 44 mg. of norepinephrine was infused. From the fourth to the sixth day after admission, patches of gangrene appeared on both hands and both feet. Thereafter, gangrene developed in both midforearms and both midcalfs. The patient died 14 days after admission. (*Greenbaum, D.: Gangrene of the Extremities Following Cardiac Infarction and Noradrenaline Therapy, Lancet* 1: 1103 (May 24) 1958.)

ANESTHESIA MACHINE A new midget portable model anesthesia machine, oxygen inhalator and resuscitator is now available. Anesthesia can be induced quickly and maintained for periods of 3 to 20 minutes in obstetric, pediatric, dental and traumatic cases by administering a nonexplosive mixture of 40 per cent cyclopropane, 30 per cent oxygen and 30 per cent helium from thumb-sized cylinders. Resuscitation and brief periods of oxygen therapy can be accomplished by using the small (3,400 cc.) 100 per cent oxygen cylinders. The machine is easily refilled or disassembled for cleaning, and its miniature size permits it to be conveniently carried in a physician's satchel. (*Hingson, R. A.: Western Reserve Anesthesia Machine, Oxygen Inhalator and Resuscitator, J. A. M. A.* 167: 1077 (June 28) 1958.)

BLUE CROSS While approving rate increases for Pennsylvania Blue Cross plans, the State Insurance Commissioner ruled that the Blue Cross plans must solicit assistance of hospitals, hospital councils, and other interested persons in exploring all areas to determine where economies can be made. He based his ruling on testimony obtained during an eighteen-day hearing in which abuses of Blue Cross plans were brought out. (*State Seeks to Regulate*

Hospital Costs, Mod. Hosp. 90: 51 (June) 1958.)

BRACHIAL PLEXUS BLOCK During the supraclavicular brachial plexus block: (1) The anesthesiologist should stand at the patient's head. This position is suitable for repeated blocks if necessary during surgery. (2) The needle should be inserted at the midpoint of clavicle just lateral to the subclavian artery. When properly placed the needle is "rocked" by the arterial pulsations. (3) Nesacaine is the anesthetic agent preferred, 1 per cent for selective sensory anesthesia and 2 per cent for sensory and motor anesthesia. (*Ansbros, F., and others: Brachial Plexus Block, Am. J. Surg.* 95: 953 (June) 1958.)

INTRAOSSEOUS ANESTHESIA A total of 92 reductions were performed. To the forearm or thigh a rubber bandage was applied, if possible with the limb elevated. The anesthetic was injected through a special needle into the spongiosa at a depth of 0.5-1 cm.; for anesthesia of the forearm and hand, 15-22 ml. of a 2 per cent solution of novocaine was used, and for anesthesia of the leg, 25-30 ml. The injection sites used were the olecranon process, the distal epiphysis of the bones of the forearm, the medial condyle of the tibia and the calcaneus. Anesthesia developed after 7-12 minutes. There were no complications. This method can be used irrespective of the length of time after injury. (*Abramov, Y. G.: Intraosseous Local Anaesthesia in Treatment of Closed Fractures of Bones of Limbs, Nov. Khir. Arkh.* 5: 29 1956.)

TOPICAL ANESTHESIA Chilling the skin with an ice cube of 1:1,000 aqueous Zephiran gives quick, painless, superficial anesthesia plus antiseptics. (*Zimmerman, M. C.: Anesthesia and Antisepsis with Benzalkonium Chloride (Zephiran) Ice Cubes, A. M. A. Arch. Dermat. & Syph.* 77: 122 (Jan.) 1958.)

OBSTETRIC ANESTHESIA If good anesthesia service is going to be rendered to the more than four million mothers giving birth in the United States each year, better cooperation is needed between