

BRACHIAL BLOCK The axillary route has been employed in a series of 80 patients with arm fractures, of whom 72 were children 10 years of age or under. Premedication consisted of intramuscular pentobarbital; the anesthetic agent was lidocaine (Xylocaine) hydrochloride 1.5 per cent (with epinephrine 1 : 100,000) in an average volume of 10 cc. The axillary injection site eliminates the danger of pneumothorax. The dangers of general anesthesia in the presence of a full stomach are avoided, and the majority of patients in this series were "extremely cooperative." (Clayton, M. L., and Turner, D. A.: *Upper Arm Block Anesthesia in Children with Fractures*, J. A. M. A. 169: 327 (Jan. 24) 1959.)

INTRAMEDULLARY ANESTHESIA A study was made of the degree of penetration of trypan blue, 2 ml. of 1 per cent solution, into the tissues of 20 rabbits when injected intravenously and intramedullarily. The degree of saturation of the tissues in the same time interval of 10 minutes is greater with intravenous injections than with intramedullary injections and equalizes only at the fifteenth minute. When injected intravenously, the dye spreads rapidly through the blood stream, reaching the smallest capillaries, including the capillaries which traverse the cortical layer of the bone. When injected intramedullarily, it reaches the spongiosa of the bone, saturating it, penetrates the capillaries, passes into the vascular bed and diffuses into the tissues. (Isakov, Y. F.: *Intravenous and Intramedullary Anaesthesia in Operations on the Extremities: Experimental Study*, *Khirurgiya* 3: 14, 1956.)

SYMPATHETIC BLOCK The nerve fibers originating from the third left-sympathetic ganglion supply mainly the arteries, while the majority of fibers from the third right ganglion supply the veins. The branches from the third left sympathetic ganglion are destined for the aortic arch and the innominate, common carotid, intercostal, axillary and vertebral arteries. The removal of this thoracic sympathetic ganglion is indicated in various forms of endarteritis, Raynaud's disease and other dystrophic processes in the upper and lower extremities as well as in cases with trophic ulcers, pregangrenous conditions and in terminal stages of

gangrene of the fingers, when all other therapeutic procedures appear ineffectual. (Ognev, B. V.: *Clinical Significance of Third Left Thoracic Sympathetic Ganglion*, *Khirurgiya* 5: 60, 1957.)

SADDLE BLOCK ANESTHESIA The records of 3,147 patients who received saddle block anesthesia (primarily hyperbaric dibucaine (Nupercaine) toward the end of labor) were analyzed, and careful, long-term follow-up neurological examinations were given to 1,077 patients of this group. No major neurological sequelae were found. Six patients (0.5 per cent) exhibited minor deviations including alterations in reflexes, mild sensory changes in lower legs, headaches, and dizziness. This method of anesthesia for delivery has proven to be clinically effective and safe, with a high degree of patient and physician acceptance. (Dodge, E. F., and others: *Late Sequelae of Saddle Block Anesthesia in Obstetrics*, J. A. M. A. 169: 429 (Jan. 31) 1959.)

CHRONIC PAIN Nerve blocks should be used to relieve chronic pain with poor risk patients, in preference to administration of analgesics or use of palliative surgery. Any peripheral nerve can be effectively approached with a needle. (Bonica, J.: *Management of Chronic Pain in General Practice*, *Journal-Lancet* 76: 33 (Jan.) 1959.)

SUBARACHNOID PHENOL Fifty-five patients with severe intractable pain or involuntary movements due to spinal-cord disease had been treated by the intrathecal injection of phenol dissolved in a radio-opaque substance or glycerin. Follow-ups have extended to 21 months. In 30 patients whose pain resulted primarily from involvement of spinal nerve roots, the results were satisfactory in 30 and unsatisfactory in the remaining 8. In 17 patients whose pain was on the basis of nonmalignant disease, satisfactory results were obtained in only 5. (Brown, A. S.: *Treatment of Intractable Pain by Subarachnoid Injection of Carbolic Acid*, *Lancet* 2: 975 (Nov. 8) 1958.)

ALCOHOL BLOCK The effects of various doses of an alcohol-novocaine preparation on