rent must be so weak that it does not produce a contraction even of the normal muscles of the eye. Resection and recession of the muscles should not be resorted to for a period of two years if the muscle has failed to reestablish itself. . . . Two cases are presented." 10 references.

J. C. M. C.

MAHORNER, HOWARD: *Sympathetic Nerve Blocks in Rehabilitation of the Injured Extremity: Report of Cases; and a Discussion of Causalgia.* New Orleans M. & S. J. **94**: 426–432 (Mar.) 1942.

"Pain sometimes remains as the only symptom to interfere with an otherwise satisfactory result following an injury. . . . Weir Mitchell first described and named a condition causalgia which he observed in soldiers who had been injured during the Civil War. Causalgia literally means a burning pain and the type of pain he described from incomplete severance or injury of a nerve was very intense. The soldiers had a severe burning pain in the distribution of the nerve affected. The area was hyperesthetic. There were paresthesias and the subject protected himself from the slightest stimuli. Heat, cold and even wind would cause an exacerbation of the pain to such an extent that they attempted to avoid them. Pains of a milder character which may not be regarded as typical causalgia occur more frequently and may persist late in convalescence from injuries. Lériche was the first to realize the practical importance of the sympathetic nervous system in arresting pain of such character. . . . Four instances are given in the form of case reports where repeated sympathetic nerve blocks with novocain in conjunction with physiotherapy resulted in recovery of the patient and rehabilitation of an extremity. In two instances the results otherwise had been regarded as permanent and total disability." 2 references.

J. C. M. C.

HOLLIS, K. E.: *Indications and Contraindications in Spinal Anaesthesia.* Canad. M. A. J. **46**: 351–354 (Apr.) 1942.

"It is impossible to catalogue separately the indications and contraindications in spinal anaesthesia, for a deterring factor in one case might under slightly altered circumstances have no influence in another case. . . . We all have had patients who presented a strong antipathy to spinal block. Personally I have refrained from forcing the issue. . . . Age is no barrier to this technique. . . . The young, robust and muscular individual is often difficult to control with inhalation anaesthesia but is an excellent subject for spinal block. . . . It is generally conceded by most authorities that spinal anaesthesia should be confined to operations below the diaphragm, that its greatest field of usefulness is in abdominal surgery, and that it should not be used for minor operations, which can adequately be performed under field block or some gaseous anaesthetic agent. I wish to add my endorsement to this last view. . . . In abdominal surgery and particularly in upper abdominal lesions spinal anaesthesia is the undisputed anaesthetic of choice. . . . Advanced cardio-vascular disease is a definite contraindication to high spinal anaesthesia. . . . Patients with an extremely low blood pressure should also receive every consideration before deciding to employ spinal block. . . .

"Patients with decreased blood volume such as occurs in shock or dehydration from prolonged vomiting are to be considered unsuitable. Disease of the central nervous system such as intracranial tumours, cerebral haemorrhage, tumours of the spinal cord and meningitis are definite contraindications in subarachnoid block. A posi-