thesia. . . . These observations indicate that when marked dilatation occurs in one peripheral vascular bed, owing to paralysis of the sympathetic supply, concomitant vasoconstriction occurs in certain other remote peripheral beds. The mechanism involved seems to be one of adjustment, possibly compensation, through efferent pathways of the sympathetic system. . . . The method may be useful . . . for clinical studies of the effects of numerous physiological stresses, such as those preceding shock, upon such pathways and upon small peripheral blood vessels." 8 references.

J. C. M. C.

RANKOW, R. M.: *The Pterygopalatine Injection for Block Anesthesia of the Maxilla.* Mil. Surgeon **93**: 164–167 (Aug.) 1943.

"During the past two years, I have closely followed the technique described by West (who credits Silverman), and more recently by Peckham, for blocking the maxilla by injecting the anesthetic into the pterygopalatine fossa through the greater palatine foramen. The administration of over two hundred such injections with gratifying, uncomplicated success leads me to proffer its use for military dentistry. . . . An anatomical approach enhances the success of block anesthesia for the maxilla. The application of these principles to the pterygopalatine injection simplifies complete maxillary block for certain indicated maxillofacial procedures." 3 references.

J. C. M. C.

MOORE, A. E., AND GUTHRIE, D. W.: *Amputation Under Ice Anaesthesia.* New Zealand M. J. **42**: 97–101 (June) 1943.

"In using refrigeration anaesthesia the limb, of course, is not actually frozen. The technique depends upon merely chilling the limb to about 2° Centigrade, and at this temperature metabolism practically ceases, but although there is complete anaesthesia of protoplasm, there is no actual coagulation such as there is in a frostbite, where the temperature of the part reaches freezing point. . . . This method has now been used in five cases at the Auckland Hospital. . . . Since submitting this article for publication this method of anaesthesia has been employed in five other cases in Auckland Hospital. There has been no death in this series of ten cases." 5 references.

J. C. M. C.

MONTGOMERY, T. L.: *The Present Status of Analgesia and Anesthesia from the Obstetrician's Viewpoint.* Pennsylvania M. J. **46**: 1048–1050 (July) 1943.

"Despite all . . . [the] adjustments in practice and . . . corrections which have served to reduce the mortality of mother and child, I believe that all obstetricians, enthusiasts or otherwise, are ready to agree that we have not yet found the ideal analgesic agent. When we do find such an agent, it will be one which is local in its effect and not systemic. . . . The method of continuous spinal anesthesia, as introduced by Dr. William T. Lemmon, has been employed in a sufficient number of cesarean sections now to indicate that it is an acceptable and useful anesthetic method. I think that continuous spinal anesthesia should be employed particularly where one is undertaking an extraperitoneal cesarean section. . . . The method of continuous caudal anesthesia . . . has been employed not only in perineal operations of one type or another but has been introduced in obstetric practice for continued application during the first and second stages of labor. . . . This new procedure possibly will find a great field of application in ob-