

wounds observed periodically for a period of two weeks. . . . This experiment confirms the clinical impression that infiltration of an oily solution of anesthesia delays and prolongs healing, increases inflammation and produces increased scarring. The injection of the oil anesthesia has been shown to produce prolonged bleeding, increased swelling and ecchymosis, failure of the wound edges to contract and invert, and the increased inflammatory reaction and foreign body reaction about the oil delays healing and increases scar formation."

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HORNER, H. O.: *Refrigeration Anesthesia*. Am. J. Surg. n.s. 70: 201-212 (Nov.) 1945.

"The use of refrigeration anesthesia for major amputations of the limbs is a sound surgical procedure. It is applicable in particular to the poor risk patient since there is scarcely any shock accompanying the procedure. It is possible to perform major amputations safely with this form of anesthesia in what formerly were hopeless

cases because of debility or septicemia. It lowers the incidence of stump infections in those patients requiring amputation because of infection. . . . Pain is relieved in most instances after the application of cold, thus adding to the ease and comfort of the patient as well as facilitating preoperative preparation. The postoperative period is likewise free from pain. . . . There is ease and quickness of operation in these cases. Poorly nourished tissues may be saved although refrigeration will not restore devitalized tissue. Edema and drainage may be controlled postoperatively when necessary. There is also a reduction in the incidence of thrombosis and embolism. This method of anesthesia is also valuable in severe crushing wounds of the extremities or other injuries that require amputation. This form of refrigeration is not intended to supersede other forms of anesthesia when the general condition of the patient is good, but is a valuable adjunct in the treatment of the poor risk patient. 23 references.

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