

We hesitate to use it in the very obese. All kinds of risks have been done with this combination of agents. It is excellent in transthoracic work; it has been dramatic in its ability to overcome laryngospasm. The technique is a simple one and is safe in competent hands. Patients appreciate intravenous anesthesia and the surgeon is pleased with the abdominal relaxation that these agents afford him. The postoperative convalescence is good and the postoperative complications are at least as low as in the other types of anesthesia."

J. C. M. C.

THOMAS, G. J.: *Paravertebral Block, Classification and Technic*. Pennsylvania M. J. 51: 525-528 (Feb.) 1948.

"Paravertebral block, literally, is the injection of a cocaine derivative close to the spinal column, at the emergence of the nerve trunks from the intervertebral foramina. According to Labat, paravertebral block is ordinarily performed at all heights of the spine, and each procedure is called by the name of vertebral segment to which it belongs. . . . Paravertebral block may be performed to produce anesthesia or relief from pain in the somaticovisceral part of the body, or a paravertebral sympathetic block for the treatment of peripheral vascular disturbances, e.g., Raynaud's disease or vasospastic disease of the acrocyanosis type. Paravertebral block may be used as a diagnostic measure. . . . There are only two contraindications for the use of paravertebral block—inexperience on the part of the operator, and the patient's idiosyncrasy to cocaine derivative. . . . Paravertebral injection need not become the exclusive province of any one specialty. However, the method should be employed by one who is thoroughly familiar with its technic, anatomic landmarks, and by one who is capable of recognizing and treating possible complications."

J. C. M. C.

NOBLE, ETHEL A.: *Refrigeration anaesthesia*. Canadian M. A. J. 58: 5-10 (Jan.) 1948.

"My experience with refrigeration has been only in regard to its use for amputations. About two and a half years ago, the Civic Hospital in Ottawa was presented with a therm-o-rite electrical refrigeration unit. The machine though heavy was easily transportable on wheels. Power was obtained by plugging into any electrical outlet. This ran a motor which pumped the freezing fluid, consisting of 50% pure alcohol, through rubber tubing to two applicators which were strapped around the patient's leg. The first two cases were mid-thigh amputations refrigerated with ice by the original method. . . . Ten cases were refrigerated by means of the machine, two were amputations below the knee, the others mid-thigh. With the machine better refrigeration could be given the tourniquet area than with ice bags. . . . We found that the time required for complete anaesthesia of a thigh could be cut down from four hours to three, because we were able to maintain a consistently low skin temperature, one or two degrees above freezing. . . . When the operating room was ready the machine was taken along still attached to the patient in bed. . . . The proper tightness of the tourniquet makes for good refrigeration. . . . It was usual to give some sedative about half an hour before the application of the tourniquet. Morphine grains 1/6, and in the more debilitated patients we used 100 mgm. of demerol. . . . Of our cases that were given pentothal sodium with nitrous oxide and oxygen for psychic reasons, one was given cyclopropane, nitrous oxide and oxygen because the anaesthetic was incomplete, and eight had no additional anaesthesia. Following the amputation, the stump was refrigerated for two to three days.