

or/and intravenous agents. In no case was intravenous procaine given to any patient who had undergone local or spinal analgesia."

J. C. M. C.

MOSS, A. A.: *Nitrous Oxide and Synergists for General Anesthesia*. Dental Items of Interest 70: 1137-1143 (Nov.) 1948.

"After more than fifty years of use nitrous oxide oxygen anesthesia is still the most popular general anesthesia for dental surgery. Its superiority over other general anesthetics is well established. . . . Because of the weakness of nitrous oxide as an anesthetic agent, particularly in an 'anesthetic resistant' type of patient . . . a supplementary agent or synergist should be employed in many cases. . . . Supplementary agents may include: Premedication . . . or Synergists."

J. C. M. C.

UNDERHILL, S. W. F.: *Pharmacological Aspects of Myanesin*. Anaesthesia 4: 34-38 (Jan.) 1949.

"Myanesin relaxes skeletal muscles by depressing the reflex excitability of the spinal cord. It prevents convulsions and death from a lethal dose of strychnine in mice, in doses which do not paralyze the animals. In anaesthetic practice, myanesin permits of a light anaesthesia with adequate muscular relaxation. It counteracts pre-narcotic excitement and potentiates barbiturate narcosis. Myanesin possesses a high degree of safety. On account of its maemolytic properties, haemoglobinuria may be produced, but the incidence of this is extremely rare (less than 20 reported cases). The haemoglobinuria thus produced would appear to be symptomless. Other preparations in widespread use are also liable to give rise to maemolysis. If the concentration of myanesin is not

more than 2 percent, haemolysis does not occur."

J. C. M. C.

TENG, PAUL: *Paraplegia Resulting from Lumbar Paravertebral Injection of Alcohol for Nerve Pain. Report of a Case*. West. J. Surg., Obst. & Gynec. 56: 594-595 (Nov.) 1948.

"Paravertebral deposition of alcohol has long been used to stop nerve pain caused by malignant growth which is deemed not feasible for removal. Paraplegia occasionally results if the injected material is delivered through the intervertebral foramen into the epidural or subdural space. Lundy has observed twice that during paravertebral anesthesia the needle entered the arachnoid through the intervertebral foramen. In such a case, the escape of the cerebrospinal fluid from the needle gives enough warning to indicate withdrawal. There are other paths by way of which the injected material may be forced into the spinal canal but without the warning of a show of cerebrospinal fluid; that is, if the point of the needle is laid right upon the sheath of the nerve at the entrance of the intervertebral foramen, the anesthetic fluid may pass into the peridural space along the nerve to catch the neighboring spinal roots. Or the point of the needle may chance to be inserted into the nerve through which alcohol is injected into the caudaequina sac. . . .

"Y. C. S. H. . . . a male, aged 33, was admitted on October 5, 1945, because of nerve pain in the anterior and medial aspects of the right thigh and knee for eleven months. A huge and hard mass was found in the right lower abdomen. It was not suitable for excision. Biopsy proved it to be an osteogenic sarcoma, probably from the ilium. Lumbar paravertebral injection of alcohol was used to stop pain. The technic followed that of Labat. . . . On November 17, 1945, the right D<sub>12</sub>,