



FIG. 1. The effect of 2 mg. *d*-tubocurarine in 2 ml. normal saline. 1. Injection. 2. Release of tourniquet.

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they are equally suitable for the supplementation of regional or light general anesthesia. We have used this technique in 21 cases (*d*-tubocurarine, 10 subjects; gallamine, 6 subjects, and succinylcholine, 5 subjects) of whom 4 were awake, having operation performed under regional block. The technique of regional intravenous administration of relaxants is also potentially a useful research tool for the investigation of the pharmacology of neuromuscular blocking agents.

Knee Jerk Reflex for Evaluating Effectiveness of Sciatic Nerve Block

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Evaluating the knee jerk reflexes is offered as a simple method for evaluating the effectiveness of a sciatic nerve block in patients whose subjective response to neurological examination is unreliable or whose advanced peripheral vascular disease and/or diabetes mellitus makes pin-prick or temperature testing ill-advised or unrewarding. Anesthesiologists are frequently presented with the elderly patient with organic mental syndrome who, because of peripheral vascular disease, requires an operative procedure involving the distal portion of his lower extremities. These patients are usually poor risks for whom regional anesthesia

in the form of sciatic nerve block (posterior approach) is preferred. Once the sciatic nerve block is performed, it may be difficult to establish its adequacy.

A hyperactive knee jerk on the side of the sciatic nerve block, as compared with the contralateral knee jerk, is a simple, objective method for evaluating the block's effectiveness. The hyperactivity is effected by the unopposed contraction of the knee extensors, the sciatic nerve innervating the knee flexor (antagonist) muscles. This test is swift, rapid, comfortable for the patient and simple. The general principle of hyperactive reflexes due to unopposed muscles (their antagonists having been blocked) might be applied to evaluation of other types of regional nerve blocks.

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