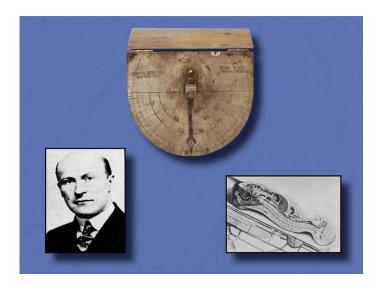
- Schnabel A, Reichl SU, Kranke P, Pogatzki-Zahn EM, Zahn PK: Efficacy and safety of paravertebral blocks in breast surgery: A meta-analysis of randomized controlled trials. Br J Anaesth 2010; 105:842–52
- 41. Sinha C, Kumar A, Kumar A, Prasad C, Singh PK, Priya D: Pectoral nerve *versus* erector spinae block for breast surgeries: A randomised controlled trial. Indian J Anaesth 2019; 63:617–22
- 42. Altıparmak B, Korkmaz Toker M, Uysal Aİ, Turan M, Gümüş Demirbilek S: Comparison of the effects of modified pectoral nerve block and erector spinae plane block on postoperative opioid consumption and pain scores of patients after radical mastectomy surgery: A prospective, randomized, controlled trial. J Clin Anesth 2019; 54:61–5
- 43. Curatolo M, Kaufmann R, Petersen-Felix S, Arendt-Nielsen L, Scaramozzino P, Zbinden AM: Block of pin-prick and cold sensation poorly correlate with relief of postoperative pain during epidural analgesia. Clin J Pain 1999; 15:6–12
- 44. Rivat C, Bollag L, Richebé P: Mechanisms of regional anaesthesia protection against hyperalgesia and pain chronicization. Curr Opin Anaesthesiol 2013; 26:621–5
- 45. Sigalove S, Maxwell GP, Sigalove NM, Storm-Dickerson TL, Pope N, Rice J, Gabriel A: Prepectoral implant-based breast reconstruction: Rationale, indications, and preliminary results. Plast Reconstr Surg 2017; 139:287–94

ANESTHESIOLOGY REFLECTIONS FROM THE WOOD LIBRARY-MUSEUM

Tilting Tables: George Pitkin's Gravity-defying Spinal Anesthetic



George Philo Pitkin, M.D. (1885 to 1943, *lower left*), New Jersey surgeon and proponent of spinal anesthesia, was born in the same year as the first neuraxial anesthetic. Pitkin later championed "controllable spinal anesthesia" using his signature formulation—weightless "Spinocain." A low-density blend of procaine, alcohol, and saline, Spinocain contained a pinch of strychnine for myocardial stimulation and a dash of the starch protein gliadin for its thickening effect. Gelatinous gliadin limited the solution's spread, while lightweight alcohol allowed it to "float in the [spinal] canal as an air bubble." Relying on Spinocain's viscosity and buoyancy, Pitkin could precisely position the patient to achieve his desired level of effect. The agent's hypobaricity precluded the sitting posture, as a high spinal could ensue. On the flip side, steep Trendelenburg positioning (*lower right*) could "elevate" the featherweight anesthetic to the lower body regions. For exact measurement of the patient's reclining angle, Pitkin encouraged placement of a "tiltometer" (*upper middle*)—another innovation of his—at the head of the table. (Copyright © the American Society of Anesthesiologists' Wood Library-Museum of Anesthesiology.)

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