

proved, through the years, to be a safe, nontoxic and dependable method of preparing a patient for surgery in cases in which it is indicated. . . . Although many surgeons today are utilizing the benefits offered by this form of anesthesia, there are still too many who refuse to accept its advantages and in doing so deny their patients the indicated anesthetic in many instances."

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to 5 of the subjects of the evipal series produced no alteration of the angioscotomy. One might ascribe the associated effect of evipal on the normal angioscotomy as related to changes in: (a) the perivascular space functions; (b) conductivity of the retinal neurons and synaptic junctions; and (c) the parasympathetic nervous system." 8 references.

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FINK, A. I.: *Changes in the Angioscottomas Associated with the Oral Administration of Evipal*. Association for Research in Ophthalmology. Proceedings. 15: 35-39 (July 2) 1946.

"For some time ophthalmologists have been concerned with the question as to whether barbiturates are contraindicated in the treatment of patients with glaucoma. This concern has derived to a great extent from the fact that large doses of barbiturates have been known to produce a dilation and to increase the permeability of the cerebral blood vessels and capillary bed. With a suitable method, one could study the effect of an orally administered barbiturate upon the retinal vascular system. Angioscotometry was chosen as a suitable method for this experiment, since changes in the normal angioscotomy are assumed to represent alterations in the functions of the retinal perivascular space. . . . Ten studies were carried out on 10 different subjects, 9 female and 1 male. The ages of the subjects ranged from 21 to 26 years. All known causes for alteration of the angioscotomy were carefully eliminated. Each subject was found to be in good health. . . .

"The oral administration of 4 gr. of evipal was associated with a widening of the angioscotomy in 8 of 10 subjects. The other two showed no recognizable change. Administration of a placebo containing 4 gr. of lactose

FREEMAN, L. W., AND HEIMBURGER, R. F.: *Surgical Relief of Pain in Paraplegic Patients*. Arch. Surg. 55: 433-440 (Oct.) 1947.

"Recent years have brought the wholesale discard of older concepts of paraplegic care, and the life expectancy of the average patient with severe injury of the spinal cord has been lengthened from about eighteen months to perhaps a normal one. . . . For the purposes of simplification, pain in the paraplegic patient can be classified into three types. . . . Somatic pain is that pain characterized by intermittency, sharpness and conformation to dermatome patterns. It is found most frequently in patients with injury to the cauda equina and affects the dermatomes in which no sensation is present. Thus it can be likened to a phantom pain. In some instances the hyperalgesia of the segments lying directly above the site of injury may amount to actual pain. . . . Sympathetic pain is characterized by its constancy, by its dull, aching or burning nature and by its vague reference to such regions as the back of the leg. This includes the so-called visceral pain. . . . Psychic pain has no definite characterizing features and does not lend itself to definition. . . . When the psychic component must be considered as a large contributor, a course of placebo therapy will often be of considerable benefit. In highly emotional patients the threat of suicide during such a course has