

as the relaxing agent in conjunction with soluble thiopentone, nitrous oxide, oxygen, and in several cases cyclopropane. In these cases relaxation was undoubtedly obtained at a lighter level of anesthesia than would have been possible with these agents alone. When the thiopentone, nitrous oxide, oxygen technic was used, myanesin increased the duration of effect of the anesthetic without deepening it. . . . Irrespective of the anesthetic agent chosen, the incidence of postoperative vomiting was lower than where myanesin had not been used.

"Even in the very young the veins in the antecubital fossa, though small, are remarkably easy of access. Very often veins on the dorsum of the hand, wrist and round the internal malleolus are of surprisingly large calibre. . . . Particular care must be taken in children to avoid intra-arterial injection." No references.

E. J. G.

BROWN, RAY: *Osteomyelitis of the Spine Secondary to Paravertebral Block*. U. S. Army Med. Bull. 8: 391-396 (May) 1948.

Two cases of vertebral osteomyelitis secondary to lumbar paravertebral novocain block are presented. To the author's knowledge, the two cases reported here are the first cases of osteomyelitis of the spine secondary to lumbar paravertebral blocks.

Case 1 received a left lumbar sympathetic block in the region of the ganglion of the third lumbar nerve, and three hours later developed a severe pain in the lumbar region. Spasm of the back muscles and back pain persisted and twenty days later his temperature suddenly rose to 103 F., he had a chill, and he vomited. The patient responded to penicillin therapy but maintained a poker-like rigidity of the back with marked spasticity of the erector spinae muscles. Fourteen

days later x-rays of the lumbar spine showed irregular destruction of the adjacent portions of the bodies of the second and third lumbar vertebrae. The patient was continued on penicillin and later immobilized in a plaster cast.

Case 2 received eight lumbar sympathetic blocks because of shell fragment wounds. One of the injections caused him intense pain. Following three months of orthopedic surgery, x-rays of the lumbar spine showed narrowing of the first lumbar interspace with cavitation of the body of the first lumbar vertebra.

In both cases bony destruction with evidences of new bone formation occurred early. Spontaneous fusion occurred in five months in case 1 and ten months in case 2. 5 references.

J. B. G.

SLOCUM, H. C., AND ALLEN, C. R.: *Anesthesia Services for The Texas City Disaster Patients*. South. M. J. 41: 344-346 (Apr.) 1948.

"The Texas City disaster occurred at 9:12 a.m., on April 16, 1947. Within half an hour the first casualties were brought to the hospitals of Galveston.

"As the patients were admitted (The John Sealy and affiliated hospitals of the University of Texas Medical Branch), they were classified into three groups, namely: orthopedic, plastic and general surgery, according to the type of injury. Each patient went through a general shock ward where preliminary treatment was given for shock, hemorrhage, and infection. In this ward the most seriously wounded were listed for immediate surgery, if indicated, and the patient's condition warranted. All patients were permitted to recover from shock unless disruption of a large blood vessel required immediate attention.

"Blood, plasma, fluids, oxygen and chemotherapy were used freely. An intravenous infusion of some type was