20 to 30 ml. ¼ per cent (1) at each site of injection. Although our dosage of procaine was 2 to 5 times as much as usually is suggested, the volume used undoubtedly is of more importance in obtaining an anesthetic spread of the block. It is thought that the only reasonable explanation for obtaining a total left-sided sympathetic block from a lumbar sympathetic injection would be by procaine diffusion up and down the fascial planes of the sympathetic chain.

This is considered an unusual complication of lumbar paravertebral sympathetic block therapy; at least it has not been reported, to our knowledge, in the medical literature. Fortunately, it was not of any clinical significance in this case.

REFERENCES


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A MODIFIED MILLER LARYNGOSCOPE

I have changed the position of the light bulb on the Miller laryngoscope, which, in my experience, has improved laryngoscopy in the dentulous patient. Central placement of the light has given a brighter field and better definition of the larynx.

R. Foregger, Ph.D., suggested the fenestration in the curved tip of the blade. This has proved worth while inasmuch as it recedes the bulb and minimizes obstruction to vision.

The laryngoscope* is inserted easily from any part of the mouth and with a protected bulb there is no interference from tongue or pharyngeal wall; furthermore, “blinking” has never occurred since there is no pressure on the bulb.

Robert Harlan Intress, M.D.,
2223 Hughes Street,
Amarillo, Texas

* Manufactured by the Foregger Company, New York, New York.

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Fig. 1.