



# **Thermographic Investigations into the Physiological Basis of Regional Anaesthesia (Anaesthesiologie und Intensivmedizin Anaesthesiology and Intensive Care Medicine)**

*G. Sprotte*

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The existence of a differential block is still part of the theory of regional anaesthesia. In 1980 it was described in detail by Cousins and Bridenbough in their standard work Neural Blockade. The theory of differential sensitivity of fibres in the peripheral nervous system essentially goes back to Gasser and Erlanger, who in 1929 established that when isolated peripheral nerves are electrically stimulated in the presence of increasing concentrations of cocaine, the compound action potentials of slow-conducting fibres are blocked before those of fast-conducting fibres show any measurable changes. In man, regional anaesthesia begins subjectively with a feeling of warmth, objectively with a corresponding increase in skin temperature. There is then, in order of occurrence, loss of sensation of cold, heat and pain, and pressure and touch, and finally loss of voluntary motoricity. In recovery from anaesthesia, these return in the reverse order. The theory of differential block is by no means undisputed. In 1981, de Jong, commenting in Anesthesiology on the work published in that journal by Gissen et al. which showed a new sequence of differential sensitivity in the rabbit, wrote, "There remains plenty to be done yet before the book on differential nerve block can be closed".

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