ABSTRACTS

Editorial Comment: A fixed style of presentation for this department of Anesthesiology has purposely not been defined. It is the wish of the Editorial Board to provide our readers with the type of abstract they desire. Correspondence is invited offering suggestions in regard to the length of abstracts, character of them, and source of them. The Board will appreciate the cooperation of the membership of the Society in submitting abstracts of outstanding articles to be considered for publication.


"The introduction of an anaesthetic agent directly into the blood stream whence it will be conveyed to its destination by the circulation obviously has a considerable advantage over other methods. ... Many substances have been tried out since Ore first used chloral hydrate intravenously in 1872. ... I think it is fair to say that thiopentone is the most largely used in this country. ... The risks attending intravenous anaesthesia have been under-estimated. ... The barbiturates (and thiopentone is one of them) all have a depressing effect on the respiratory centre and overdosage, either actual or comparative, may cause complete apnoea of such duration that anoxia of a dangerous degree develops. For this reason it is always wise to have at hand the means of artificial ventilation of the lungs. ... The principal risk associated with intravenous anaesthesia is the development of laryngeal spasm. ... Whatever the cause, laryngeal spasm ranges from being just a nuisance to becoming a threat to life. ..."

"The head-down position must be adopted to allow any mucus, blood, etc., to drain away from the laryngeal area, and the throat and mouth either mopped out with swabs or cleared with a sucker. Forced inflation with oxygen through a face mask with the expiratory valve closed must then be done. Usually there is a slight relaxation of the cords under this pressure, allowing the admission of some oxygen. This will relieve the anoxia and eventually overcome the spasm. Silent regurgitation of stomach contents ... is a complication which does not occur in the properly prepared patient but may prove a pitfall for the unwary. ... Treatment must be immediate and is similar to that described under laryngeal spasm. ... If I appear to have devoted some time to the discussion of the snags associated with intravenous anaesthesia, it is not with the object of discouraging its use. On the contrary, to be forewarned is to be forearmed. A sufficient number of these difficulties occurs annually to warrant the belief that the nature of the risks associated with intravenous barbiturates is not generally realised. If these are better known, then measures can be taken to prevent their occurrence; and should they even then unhappily take place, we are ready to recognise them and deal with them promptly. Thus equipped, we can make full use of the benefits of intravenous anaesthesia in safety, with all the advantages which it offers to our patients."

A. A.


"The present paper reports a study of the fate of hexamethonium in man. The excretion of the drug, in urine and..."
in faeces, has been estimated after both oral and parenteral administration to normal persons, to patients with hypertension and to patients with varying degrees of impaired renal function. . . . The absorption and excretion of hexamethonium has been estimated after parenteral and oral administration in normal and hypertensive subjects. In normal persons, and in hypertensive patients with normal renal function, urinary excretion of the drug after parenteral injection is rapid and quantitative. After oral administration, absorption of hexamethonium is poor, but may be greatly increased by giving the dose in the fasting state. An inverse correlation has been shown to exist between urinary excretion of hexamethonium and impairment of renal function."

A. A.


"Barbiturates are commonly used in anesthesia today. The drug most frequently employed is Pentothal sodium. . . . Pentothal . . . lacks several important features of an acceptable anesthetic. Its analgesic properties are minimal. The muscular relaxation that it provides is not satisfactory, particularly in vigorous subjects. These deficiencies are only partially balanced by its fine hypnotic qualities. I cannot consider Pentothal to be a true anesthetic agent on the basis of hypnosis alone. . . . Another fact to be kept in mind is that Pentothal is noncontrollable . . . . There are no reliable signs of anesthesia under Pentothal. . . . Respiratory embarrassment may follow the use of Pentothal. . . . There may be laryngeal spasm. . . . The safety of the patient is the first consideration of the anesthesiologist. Aside from this, he is interested in administering an anesthetic which fulfills the demands of the surgeon and is as agreeable as possible to the patient. Patients should be assured that they will suffer no pain as a consequence of the operative procedure, but their preference as to the choice of agent should not be the final or determining factor in choosing the anesthetic."

A. A.


"As nonoperative management of early acute primary pancreatitis has gradually replaced early operation with its attendant higher mortality, and as the diagnostic incidence of pancreatitis has increased, specific therapeutic measures have become more important. Splanchnic block anesthesia, used occasionally in the past, has recently been used more frequently. Experience with the method has largely been reported in general statements. There is need for accumulation of experience and details of management. This is a report of the results of eight such cases. . . . Four patients were treated by bilateral paravertebral injections aimed at the ganglionated chains from T6 through T10 (T12 in two cases). . . . Four patients were treated by a single unilateral splanchnic block on the left, with x-ray control of the needle position. . . . Immediate results in all patients were good and the method warrants further use, not only to control symptoms, but also to alter the expected course of the disease in selected cases. The one death which occurred shortly after block may have been due to the injection itself. This, as well as the experience of others, emphasizes the possible danger of this technique."

A. A.