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.


"While the drugs now in common use for block anesthesia are quite satisfactory, the search continues for an even better agent. Clinical trial of hexylcaine hydrochloride since April, 1948, has shown it to have sufficient promise to warrant a preliminary report. We have now used the drug as a spinal anesthetic in more than 100 patients.

In our first few cases, the crystalline drug was dissolved in cerebrospinal fluid and injected in the same manner but in smaller doses than we customarily use with procaine. Because the level of the resulting anesthesia was uncontrollable and often went too high, we assumed that in some spinal fluids the drug was isobaric or even hypobaric. Weighting the drug with glucose overcame this difficulty and this method has been employed in all subsequent cases.

"We have also used hexylcaine in fifteen fractional spinal anesthetics with the catheter technic. In addition to using hexylcaine for spinal anesthesia we have employed it in over 200 regional and local nerve blocks in concentrations varying from 1/4 to 1 per cent. Our impression to date is that it is more effective in weaker concentrations than procaine is. Our experience to date indicates that this new drug provides more complete and longer lasting nerve block in smaller doses relative to its animal toxicity than does procaine. For these reasons we believe further clinical trial is warranted. We are continuing our studies and hope that others will try it so that the large amount of data required for the accurate appraisal of a new drug will be amassed."

A. A.


"The test for basal metabolism is accepted as a valuable aid in clinical diagnosis. Although an elevated basal metabolic rate suggests overactivity of the thyroid gland, it is recognized that it may occur in many other clinical states unrelated to the thyroid gland. Interpretation of an increased metabolic rate, therefore, demands careful evaluation of the entire clinical picture.

Since in certain nervous patients routine rest is occasionally insufficient to accomplish a basal state, various measures must be employed. . . . An ideal basal state would be normal sleep, but sleep induced voluntarily obviously is impossible to procure. It was thought feasible, therefore, to induce sleep by the intravenous administration of pentothal. . . . The patient to be studied is taken to the metabolism room in a