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.


Intravenous anesthesia, as the term is used today, almost implies the use of either pentothal sodium or evipan soluble. Pentothal is used before induction of anesthesia by other agents. It has been used in this way on patients who are very nervous or to whom a trip to the operation theater is a great ordeal. The drug is valuable as the sole anesthetic for minor operative procedures. For office work it should not be used because of a marked disorientation which follows its administration. Its use is limited as the sole anesthetic for major operations. As an adjuvant to local anesthetic procedures pentothal can be used for comparatively major operations. Given with caution it can be combined with spinal anesthesia.

Contraindications to the use of pentothal are: liver diseases, extremes of age, toxaeamias and all cases in which an element of anoxia is present. The fractional method of administration is almost universal. Oxygen must be available. Inhalations of oxygen, 100 per cent, or nitrous oxide 50 per cent and oxygen 50 per cent can be used. Premedication should consist of morphia and atropine given one and one-half hours before operation.

The usual signs of anesthesia are not reliable. Postoperative complications are few. The jaw and tongue are relaxed so the patient needs to be watched closely after operation.

F. A. M.


Corning, in 1885, made the first injection into the epidural space. Fidel Page, in 1920, found that the epidural space could be entered directly, in the higher regions, without puncturing the dura. In 1932 Dogliotti read his paper on epidural anesthesia before the Congress of American Anesthetists. Heldt and Malony localized the space. While conducting experiments on post lumbar-puncture headaches they found that the epidural space had a negative pressure.

The requirements for epidural block are few: a spinal needle, with a short bevel, a 2 cc. syringe with needle for skin anesthesia, a 20 cc. syringe, a 10 cc. syringe and an anesthetic solution of choice. The injection can be given with the patient either sitting or in the lateral position. The site of injection varies with the segment to be anesthetized. Eight to ten nerve roots will be anesthetized with 30 cc. of solution.

Four methods may be followed to reach the space: (1) Dogliotti’s method of lessened resistance, (2) Odom’s glass indicator method, (3) Glass manometer method and (4) Suction