the cervical muscle fibers. 12 references.

F. A. M.

BERGMANN, W.: 

The drawback of ether as an anesthetic for general surgery is that in almost every case the patient goes through a period in which he is nauseated and vomits. On the basis of the efficient action of pyridoxine in vomiting of pregnancy, injections of pyridoxine were given before operation. No more vomiting occurred and nausea was slight. Twelve cases were studied with a control of a similar number. Each of the patients in the control series vomited at least a few times and everyone was nauseated. Premedication of morphine, atropine and nembutal was similar in both series. One hundred mg. of pyridoxine were given before the operation and one injection of 100 mg. pyridoxine one hour after operation. It seemed that patients who had pyridoxine treatment got on much better than those who had not been so treated.

F. A. M.


The present-day anesthetist, unlike his predecessor, has learned to control some of the functions of the human body. The potency of an anesthetic agent is measured by the muscular relaxation that it produces at a certain plane of anesthesia. The planes of anesthesia, however, are determined by the degree of respiratory depression. It follows that the potency of an anesthetic agent is in reality being measured by the muscular relaxation produced at a certain degree of respiratory depression. Recent work with curare explains some of the variations in the effect of different anesthetic agents. Some agents, such as ether, produce a curare-like action, and it is due to this action that they produce relaxation without undue respiratory depression.

With pure preparations of curare the anesthetist is now able to produce full relaxation with anesthetics of low potency and in light planes of anesthesia. With curare the anesthetist is also able to depress the respirations and thus aid the surgeon especially in thoracie operations. By the use of controlled respirations he is able to combat respiratory depression, in fact, he is able to breathe for the patient. Much has still to be learned about post-operative nausea and vomiting. There is evidence which suggests that there is a relationship between pulmonary irritation by the anesthetic agent and malaise. Ether, notorious for its nauseating properties, heads the list of irritating anesthetic agents. The anesthetist attempts to aid the cardio-vascular system by the intravenous administration of fluids and by the use of vasopressor drugs.

F. A. M.


Curare has rendered anesthesia for upper abdominal surgery safer. Careful preoperative and postoperative treatment, in conjunction with careful administration of the anesthetic, must counteract the surgical interference and time factor involved. The infant who has pyloric stenosis must be treated for dehydration. The anesthetic of choice for infants is nitrous oxide and oxygen with a minimal amount of ether. No positive pressure is permitted. The alternative method for infants with pyloric stenosis is local anesthesia. For adults the anesthetic of choice is one, or a combination of the less toxic drugs with curare.