CURRENT COMMENT AND CASE REPORTS

CURRENT COMMENT is a section in Anesthesiology in which will appear invited and unsolicited professional and scientific correspondence, abbreviated reports of interesting cases, material of interest to anesthesiologists reprinted from varied sources, brief descriptions of apparatus and appliances, technical suggestions, and short citations of experiences with drugs and methods in anesthesiology. Contributions are urgently solicited. Editorial discretion is reserved in selecting and preparing those published. The author’s name or initials will appear with all items included.

PROBABLE IDIOSYNCRASY TO ETHER: A CASE REPORT

The reactions reported below are thought to represent an idiosyncrasy to diethyl ether. In some ways they might be looked upon as an overdose, but did not seem so to the administrator. After successfully giving ether agents in a second administration, a change to a small amount of ether was again abruptly followed by the reaction to be described.

L. H., a 15 year old girl, was sole survivor of an auto crash six weeks before admission to this hospital. She received a laceration above the right eye, third degree burns of both lower legs, and was unconscious for thirty-six hours following the accident. A brief attack of cystitis soon cleared. On admission there was nervous tension, residuals of headache and blurred vision, and heavy granulations with infection over the burns. She had never been anesthetized before.

On February 15, 1946, one week after admission, the granulations were excised. Morphine sulfate 1/12 and scopolamine 1/300 grain were given subcutaneously two hours before operation. Cyclopropane induction, accompanied by moderate excitement, was done with closed to and fro absorption technic. Second plane anesthesia was maintained with ether and oxygen for the following thirty minutes. Although the blood pressure just before induction was recorded as 115/80 mm. mercury, no more readings could be obtained after ether administration was begun. The pulse rate rose from 95 per minute to 145, then decreased to 120. Respirations remained about 20 per minute. During ether administration, it was noted that the skin had become markedly flushed and “goose flesh” in character, ears and lips swelled moderately, and the skin of the wrists and fingers blanched white below the flexed joints. Recovery progressed to permit retching in operating room.

Twelve days later skin grafting was done: atropine 1/150 grain was given one hour and fifteen minutes before induction. She was nervous and had reddish blotches on her skin when she came to the operating room. The pulse rate of 150 per minute could be counted with ease and the blood pressure was 120/80 mm. mercury. Induction and maintenance of light anesthesia was accomplished without incident, using cyclopropane, nitrous oxide and oxygen in a closed to and fro absorption system. The plane of anesthesia was sufficiently light to permit coughing on several occasions. The reddish blotches soon disappeared and the patient’s condition remained satisfactory with easily readable blood pressure and palpable pulse during the one hour and twenty minutes of operation. At the close cyclopropane and nitrous oxide were discontinued, and a test of ether was given by bubbling 400 cc. of oxygen per minute through an ether bottle into the closed system. Within ten minutes, essentially the same condition developed as during the first ether administration. The mask was then removed. Peripheral pulse and blood pressure were not obtainable, precordial heart rate was 180 per minute, respirations were 80 per
minute and short and jerky in character, pupils were 2/3 dilated, and the skin had a scarlet flush and a bumpy "goose flesh" surface. The skin was warm and dry and the patient's condition seemed better than the pulse and blood pressure indicated. Recovery was slow. Respirations were normal in fifteen minutes and pharyngeal reflexes were present in twenty-two minutes. When returned to the ward forty-five minutes after stopping ether, she was still unconscious, the skin remained flushed, respirations were 26 per minute, temporal pulse rate was 180 per minute, but neither radial pulse nor blood pressure could be recorded. Two hours later, the blood pressure was 80/60 mm. mercury, pulse 124 per minute, respirations 18 per minute. The remainder of the recovery was uneventful.

Because the untoward reactions in both anesthetic administrations are believed to be due to ether, the patient was advised to warn her physician of these experiences in case an operation is contemplated in the future.

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CORRESPONDENCE

COMMUNICATION FROM SECRETARY-TREASURER OF THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

Notification has been received of the following:

1. Dr. Ralph M. Waters resigned as a member of the American Board of Anesthesiology, Inc., representing the American Society of Anesthesiologists, Inc., to take effect at the termination of the October, 1946, meeting. Dr. Waters' resignation was regrettfully accepted, and his unexpired term to January 1, 1950, was filled, in accordance with the Constitution of the American Board of Anesthesiology, by election from a list of three nominees selected by the Nominating Committee of the American Society of Anesthesiologists, Inc. Dr. R. J. Whitacre, of Cleveland, was elected by secret ballot.

2. Dr. H. Boyd Stewart resigned as a member of the American Board of Anesthesiology, Inc., representing the Section on Anesthesia of the Southern Medical Association, to take effect at the termination of the October, 1946, meeting. Dr. Stewart's resignation was regrettfully accepted, and his unexpired term to January 1, 1950, was filled, again in accord with the Constitution of the American Board of Anesthesiology, Inc., by election from a list of three nominees, members of the Section on Anesthesiology of the Southern Medical Association. Dr. John W. Winter, of San Antonio, Texas, was elected by secret ballot.

These changes in the personnel of the American Board of Anesthesiology, Inc., were received from Dr. Paul M. Wood, Secretary-Treasurer of the American Board of Anesthesiology, Inc.

ERRATUM

To the Editor:

May I call your attention to a typographical error in my article in the current issue [March, 1947] of ANESTHESIOLOGY? On page 172, line 4, the fourth word reading "determination" should be "deterioration." This error seriously distorts the meaning, and I would like to request an erratum insert in the next issue.

Sincerely yours,

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Laboratory of Pharmacology,
University of Pennsylvania,