
Fear of cystoscopic examination persists in the minds of patients. This fear sometimes results in postponing the examination. Reassuring the patient, avoiding the use of the word cystoscopy, careful selection of instruments and skillful handling of instruments may help in overcoming fear. In the female introducing a small caliber cystoscope is, as a rule, no problem. In the male a local anesthetic should be injected into the urethra. General anesthesia is used for cystoscopy if catheterization is intolerable to the patient. 2 references.

F. A. M.


The opinion given by an internist concerning the risk of anesthesia and a surgical procedure in a patient who has organic heart disease is based on the answers to several implied questions. "1. Will the anesthesia and surgical operation increase the demands upon the heart beyond the limits of the cardiac reserve and therefore precipitate congestive heart failure? 2. Does the heart require treatment before operation? 3. Is the prognosis of the heart condition so grave that operation should be avoided if possible or limited to an emergency or palliative procedure? 4. Is the heart condition such that it carries with it the liability to sudden death during anesthesia and surgery? 5. What bearing does the state of the heart have on the choice of the anesthetic? 6. What, if any, cardiovascular complications are to be anticipated during the operation and postoperative period?" The answers to these questions usually can be obtained from the clinical history and from the physical examination. As a rule, with few exceptions, patients with heart disease who have been able to carry on normal daily activities without experiencing symptoms of coronary or myocardial insufficiency can tolerate general anesthesia and surgery with no more risk than a normal person.

Careful questioning as to the occurrence of dyspnea or substernal pain on effort is more important than are cardiac findings on physical examination. An abnormal electrocardiogram in a patient who has been able to carry on normal activities usually does not indicate an increased risk from surgery and anesthesia. A period of preoperative treatment is advisable in pa-