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.


"The purpose of this article is to bring forward, with the aid of illustrative series of cases, some facts about post-anaesthetic vomiting which are well recognized, and some which I think have been less well recognized in the past... First, taking as a basis 1,000 consecutive cases, the following figures for the incidence of post-anaesthetic vomiting were obtained: Nausea only 2.6 per cent,... Vomited once only 13.7 per cent,... Vomited 2 to 5 times 20.9 per cent,... Vomited more than 5 times in less than eighteen hours 6.5 per cent,... Vomited more than 5 times in more than eighteen hours 0.8 per cent,... As might be expected, the use of nitrous oxide, oxygen, and ether produces the highest incidence of post-anaesthetic vomiting. But it is rather surprising to find that the preliminary addition of pentothal sodium (the dose varying from 3.5 to 12 c. em. of 5 per cent solution) reduces the incidence by almost 20 per cent,... Contrary to the opinion of some anaesthetists, the addition of cyclopropane to the anaesthetic sequence appears to have little effect on the post-anaesthetic vomiting rate,... It has been generally recognized that males tend to vomit less than females, but the difference is rather greater than expected,... The ratio was 68.6 females to 45.5 males; with the addition of pentothal sodium it became 56.5 to 26,... In a series of minor gynaecological operations, all of which included dilatation of the cervix, the post-anaesthetic vomiting rate was 64 per cent, a figure which suggests that the factor causing the raised vomiting rate is the dilatation,... "The treatment of post-anaesthetic vomiting, while not within the scope of this article, requires one or two notes. It is as much pre-operative as post-operative. The co-operation of the nursing staff in reassuring the patient can bring about a most gratifying reduction in the figures obtained. The usual lines—absence of food in the stomach, pre-operative glucose, fluids, and avoidance of excessive purging—may be followed with success,... Pre-medication should be suitable and adequate, and be combined with the administration of a basal hypnotic. In this connexion attention should be drawn to the fact that the substitution of omnopon for morphine in the pre-medication reduces the incidence. Individual susceptibility to morphine appears to be a very definite entity. Adequate doses of atropine or hyoscine will prevent secretion, and possible swallowing, of ether-impregnated saliva and mucus,... The post-operative supply of fluids in all cases in which fluid loss during operation has been in any way excessive, whether by actual blood loss or by sweating, will also reduce the incidence of post-operative

343
vomiting. The rectal or even oral administra-
tion of normal saline to the point at which the patient complains
has proved to be an effective measure, which may be further enhanced by the
addition of glucose. The patient should be
moved as little as possible on his return to bed. . . . Apart from any
other consideration, anoxaemia seems
to be a pronounced predisposing factor
in the causation of vomiting. Post-
operative sedation should be applied,
and the use of suppositories—e.g.,
nembutal—should not be forgotten.
Vomiting which is actually occurring
may be treated by a variety of reme-
dies. Drinks of hot water, to which
10 to 15 grains of sodium bicarbonate
may be added, strong hot black coffee,
Lugol's iodine, and sips of champagne
all have their measure of success.
Lenevitch (1892) advised washing out
the stomach with warm alkaline solu-
tion (sodium bicarbonate). Though
suggested at such a relatively early
date, this line of treatment has proved
most efficacious, especially in cases of
persistent vomiting.” 4 references.

J. C. M. C.

Gurney, Ramsdell: Some Recent Con-
tributions to the Physiology of Res-
1) 1941.

“Respiration is one of the more
spectacular of physiological phenomona,
owing for the most part to its ever
presence, its subjective necessity and
its striking variations. . . . I should
like to mention four aspects of res-
piration which are much emphasized
in the literature of today. Only
through the understanding of these can
some of the disturbances in breathing,
with ensuing effects on the whole body,
be interpreted. . . .

“The question of oxygen deficiency,
or anoxia, has been a confusing one for
many years. Oxygen lack invariably
depresses whatever tissues are sub-
jected to this deficiency and yet it is
every day knowledge that diminished
oxygen pressure stimulates respiration.
This is well seen in high altitudes or
in a pressure chamber where the atmos-
pheric pressure is gradually reduced.
Here, then, is a serious conflict—stimu-
lation of respiration in anoxia as op-
posed to the fact that oxygen-lack
ordinarily depresses. Although ex-
planations were given for this phe-
nomenon, none was satisfactory until
the Belgian School, led by Heymans,
discovered the functions of the carotid
and aortic bodies. Through brilliant
experimentation it seems proven with-
out question that oxygen-lack stimu-
lates the sensory nerve end fibers in
these bodies which carry impulses to
the respiratory center and which, in
turn, is stimulated as a result of these
impulses and not because of the anoxia
directly. Such a conception of a re-
flex does no violence to the physio-
logical truism that oxygen-lack de-
presses. Further evidence for this is
that if the anoxia is severe enough, the
respiratory center is acutely depressed,
then being unable to respond to the
increased stimuli coming to it from the
carotid and aortic bodies. Likewise,
this conception does not oppose the evi-
dence for the ultrasensitivity of the
center itself to carbon dioxide or
changes in pH as a result of changes
in carbon dioxide. . . .

“The relation between stimulation
of the respiratory center by carbon di-
oxide and the reflex effect of lowered
supply of oxygen is well demonstrated
in a group of experiments by Hender-
son. . . . The stimulating effect of car-
bon dioxide on respiration is now taken
advantage of in the operating room
and following surgical procedures. It
seems hardly necessary to mention . . .
the great usefulness of increased pul-
monary ventilation following a period
of lessened lung mobility. It seems
without question that many cases of