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.

TUOHY, E. B.: *Anesthesia in Abdominal Surgery.* J. Indiana M. A. **41**: 398–400 (Apr.) 1948.

"An accurate evaluation of the patient's physical status and emotional stability is of primary importance when considering the agent and method of anesthesia for abdominal surgery. . . . I believe there is little doubt that the greatest percentage of abdominal laparotomies are performed with the patient under general anesthesia, for which purpose ether is probably the main anesthetic agent. Nitrous oxide or perhaps ethylene is used as the induction agent. The almost universal safety of ether for children and adults makes it very popular. Cyclopropane, because it is pleasant to inhale, nonirritating and rapid in its action, is quite a favorite anesthetic agent. Curare has enhanced the utility of cyclopropane because it will produce the necessary muscular relaxation without the pre-requisite of deep anesthesia. . . . Whether the agent be ether, nitrous oxide, oxygen and ether, cyclopropane, or chloroform, an adequate airway must be provided. . . . For the most part we reserve the use of regional anesthesia, local infiltration, field block or intercostal block for debilitated patients requiring surgery. . . . Both inhalation and spinal anesthesia have advantages in abdominal surgery. Individual evaluation must be made. . . . The careful intravenous use of fluids, such as dextrose and saline solutions, and blood transfusion are important. . . . The anesthesiologist should be prepared to perform two endoscopic procedures when required; namely, suction bronchoscopy and the introduction of drainage tubes into the stomach. . . . Various agents, such as pentothal sodium, curare and cyclopropane, can be employed in combination with other anesthetic agents and procedures." 1 reference.

J. C. M. C.

WARDROP, DOROTHEA M.: *A Comparative Study of Continuous Spinal and Cyclopropane with Curare.* Canad. M. A. J. **58**: 343–348 (Apr.) 1948.

"In 1939 Lemmon of Philadelphia began his work with a new technique for producing spinal analgesia which he called continuous . . . spinal anesthesia. I have personally administered this type of anaesthesia to 110 cases slated for major abdominal procedures. These were all selected cases considered to be poor surgical risks. . . . In this series there were no deaths in the operating room and no deaths in the hospital attributable to the anaesthetic. . . . From the surgeon's point of view then this type of anaesthesia seemed fairly acceptable. Relaxation was satisfactory and there was no time limit to the anaesthetic. . . . In 1942, the work of Griffith and Johnson was made public and subsequent glowing reports