

## 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.

TAYLOR, I. V.: *Anesthesia for Urological Surgery*. Urol. & Cut. Rev. 52: 645-650 (Nov.) 1948.

"Anesthesia for urological surgery is based on the same fundamental principles as any other type of anesthesia. . . . A large number of the patients are in the aged group of men. . . . It is our aim to cause no irreversible changes in the vital systems, respiration, circulation and the central nervous system, plus all parenchymatous organs. . . . The maintenance of tissue oxygenation is of prime importance. . . . It is pretty well agreed that children, both male and female, should have anesthesia for cystoscopy. If one is experienced in the use of spinal anesthesia for children, some of these may be done in that way but general anesthesia seems most satisfactory for ordinary use. . . . Adult females usually require no anesthesia. . . . In adult males, the matter of choice seems to lie between a low spinal anesthesia and intravenous anesthesia with sodium pentothal. . . . [For] urethral dilatation . . . low spinal anesthesia has been most satisfactory. . . . After trying inhalation, intravenous, sacrocaudal and spinal anesthesia for these patients, [for transurethral prostatic resection], it is my opinion that most of them do better with properly administered spinal anesthesia than with any other method. . . . [For] perineal operations . . . for patients who are not in excellent

physical condition, we have found the use of continuous spinal anesthesia, with the catheter method, to be the safest and most satisfactory. . . . I think it should be required of all urological surgeons that they become skilled in doing infiltration and block anesthesia for a suprapubic cystotomy.

"Although I have employed spinal anesthesia quite as many times for kidney operations as other types, I prefer inhalation anesthesia for this type of operation, under most circumstances. . . . The kidney position has important consequences on the patient's circulation and respiration and, therefore, becomes a matter of importance in the anesthesia. The use of a kidney table which produces flexion in the kidney region by breaking the table at the center is less deleterious to the patient than the use of a kidney rest. . . . We have found that two drugs have fulfilled our needs in producing spinal anesthesia for urological surgery; . . . procaine hydrochloride [and] . . . pontocaine hydrochloride."

J. C. M. C.

LUNDY, J. S.: *Advances in Anesthesia*. Surgery 24: 995-998 (Dec.) 1948.

"Advances in anesthesia follow several lines of endeavor. . . . The most notable situation in history exists today in the fact of the great latitude in choice of agents and methods. . . . The