

## 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

devices with which the gases are administered have not been improved for many years, and probably will not be until adequate mechanisms for the analysis of the atmospheres within the breathing bag and various parts of the machine are developed. . . . Of the several types of ether that have been developed, none seems to be better than diethyl ether. . . . Lemmon's introduction of continuous spinal anesthesia was followed by Touhy's modification of Lemmon's method which was in general an adaptation of Adams' technique for the production of continuous caudal anesthesia. That is, by use of a catheter instead of a needle, it became possible to produce anesthesia of desired length with procaine hydrochloride. This was important because I believe procaine hydrochloride is the safest available agent for local anesthesia. . . . The introduction of the Magill intratracheal tube was without doubt a great advance in inhalation anesthesia. . . . Intravenous anesthesia gradually has won widespread favor largely because of pentothal sodium. . . . The advent . . . of curare in medical practice, especially in connection with the administration of anesthetic agents, has made a great impression on those who have used it. Curare produces excellent relaxation, with relatively little postoperative prostration. . . . It seems conservative to say that anesthesia has gained great momentum and an important position in the United States, Canada, and British Isles, and that it is also gaining considerable momentum in most other modern countries throughout the world."

J. C. M. C.

HAUSER, F. W.: *The Choice of Anesthesia in the Treatment of the Toxic Patient*. Kentucky M. J. 46: 467-470 (Nov.) 1948.

"All of the general anesthetics; i.e., the volatile liquids and the gases, may

exert a destructive action on the liver, kidneys, blood, or heart, or on combinations of these organs. . . . Of all the volatile liquids and gaseous anesthetics, ethylene probably is the general anesthesia of choice, since it exerts less effect on the various organs. For many years local anesthesia with 1 per cent novocaine has been preferable to general anesthesia for operative deliveries in toxemic patients in order to avoid the depressive action of the general anesthetics. . . . We believe that the anesthesia of choice in eclampsia and pre-eclampsia is some form of continuous regional nerve block."

J. C. M. C.

KRAFT, K. A.: *Pentothal and Pentothal-Curare Nitrous Oxide Anesthesia in Urological Surgery*. Urol. & Cut. Rev. 52: 655-656 (Nov.) 1948.

"The incidence of high diastolic blood pressure, advanced cardiovascular disease, including coronary disease and myocardial fibrosis, pulmonary complications of chronic inflammatory and degenerative changes and arthritic changes in the vertebral column in the urological patient, are sufficient contraindications to spinal anesthesia. For these cases, pentothal or a combined pentothal-curare-nitrous oxide anesthesia has been the selected technique."

J. C. M. C.

BIRD, H. M.: *James Arnott, M.D. (Aberdeen), 1797-1883. A Pioneer in Refrigeration Analgesia*. Anaesthesia 4: 10-17 (Jan.) 1949.

"James Arnott, the son of Alexander Arnott, merchant, was born at Blairs, near Aberdeen, in 1797. He became First Bursar of the Marischal College, University of Aberdeen when eleven years old, graduated M.A. (Marischal College) four years later and qualified M.R.C.S. (Eng.) in 1817, at the age of twenty. . . . In 1845 he moved from 28, Oriental Place to 65, Grand Parade,