

## 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.

GILLESPIE, N. A.: *The Relation of Intubation to Post-Operative Respiratory Complications.* *Anesthesia* 6: 206-210 (Oct.) 1951.

In this brief statistical study Dr. Gillespie adds another bit of evidence to the question of the role of the endotracheal tube in the production of post-operative respiratory complications. Of nearly 55,000 patients who received anaesthesia at the Wisconsin General Hospital between 1940 and 1950 only 185 were deemed sufficiently comparable for this study. All of these received ether by the to-and-fro absorption technique for cholecystectomy; all were in group 2 physical status, and all were thought to be free of respiratory disease prior to operation. Thirty-seven were not intubated; 148 were intubated.

The incidence of major and minor respiratory complications after intubation was 14 per cent as opposed to an incidence of 27 per cent in the patients who were not intubated. Statistical analysis of the data revealed that intubation did not significantly affect the likelihood of respiratory complications, especially major complications.

W. E. D., JR.

BUCKLES, M. G.: *Anesthetic Explosions.* *Case Report.* *J. Thoracic Surg.* 21: 426-429 (April) 1951.

"Very little, if any, material on anesthetic explosions has been presented from the standpoint of the thoracic surgeon, and a very few cases of sur-

vivals in an anesthetic explosion have been reported, so that I feel it behooves one with this experience to record it.

. . . The author has no claims of being an anesthesiologist, and makes no pretense of discussing the various techniques of anesthesia, the chemistry of anesthetic agents, or the fine points of anesthesia as a whole. The following report is a case in which the author was called upon to aid in such an explosion, and was immediately available. . .

H. S., a 56-year-old married white man, entered the hospital on Jan. 16, 1950, for the treatment of glaucoma. There was an associated diabetes mellitus, and hypertension—the blood pressure being 170/110. On the fifth hospital day (Jan. 21, 1950) the patient was taken to surgery for an operation on the right eye. Anesthesia consisted of intravenous sodium pentothal with oxygen and nitrous oxide which was administered through a nasopharyngeal tube. . .

"At the conclusion of the operation there was a loud explosion, and the nasopharyngeal tube was blown out of the patient's nose, followed by profuse hemorrhage from the nose and mouth. His condition quickly became critical; the blood pressure dropped to 80/40; respirations were labored, and he became quite cyanotic. The author, who happened to be in the hospital, was called to see the patient. A 7 mm. bronchoscope was passed immediately with suction and aspiration of a large quantity of blood from the tracheal bronchial tree. The patient resumed