

## 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.

GORDON, C. A.; ROSENTHAL, A. H., AND O'LEARY, J. L.: *Anesthesia*. Am. J. Surg. 81: 232-238 (Feb.) 1951.

"The importance of anesthesia as a cause of maternal death is not widely appreciated. . . . In . . . none of 9 cases [at the State University Medical Center, New York] was the cause of death assigned to anesthesia, but to another cause. . . . Spinal anesthesia has no effect whatever on the baby, blood loss is minimal and immediate postoperative recovery is excellent. Other than safety, what more could one desire? Except in a few clinics, however, it has not found favor with obstetricians even though those experienced in its use had apparently lessened its danger. . . . Every day it becomes more clear that an alert, well trained anesthetist is a necessity in every hospital where obstetrics is practiced. . . . Administration of oxygen as soon as anesthesia has begun is helpful since the importance of oxygen transport is obvious. . . . Routine use of 50 to 75 mg. of ephedrine intramuscularly a few minutes before induction of spinal anesthesia is good prophylaxis for circulatory depression. Continuous intravenous drip of neosynephrine, 5 mg., in 500 cc. of normal saline provides for fine control and rapid administration if blood pressure should fall suddenly. . . .

"All inhalation anesthetics pass through the placenta and so endanger the baby. The dangers of induction are variable, yet they are always pres-

ent. The disadvantages of volatile anesthetics may be briefly stated. Ether will not please the patient. In the surgical plane it interferes with uterine contraction immediately after delivery of the baby and placenta and increases blood loss. Salivation and bronchial secretions are markedly increased favoring postoperative atelectasis. Gas, oxygen and ether sequence is more pleasant and safe if oxygen is given in sufficient concentration to prevent anoxia. Reflex excitability is apt to be high, so smooth induction may not be possible. Cyclopropane, easily the most potent of anesthetic gases, perhaps should not be selected if only because of its high potency. It should be administered not only by a trained anesthetist but also by one familiar with its dangers. Although induction is rapid, cyclopropane will not give deep relaxation without deep third stage anesthesia. Cardiac irregularities not infrequently occur and the margin of safety is narrow. The baby is far more prone to develop asphyxia with nitrous oxide. Chloroform is dangerous. Easy to take, induction is rapid, but steady slowing of the heart action with depth of anesthesia may result in cardiac standstill. Its use for more than fifteen minutes may result in liver damage. . . . Local anesthesia is clearly the safest anesthetic and it can be made very satisfactory, yet it will not be found suitable for every patient nor for every obstetrician for that matter."

A. A.