

ever, barbiturate anesthesia is deepened with hydroxydione, the long latent period (10 to 15 minutes) makes individual dosage impossible. (Frey, H. H., and Brass, W.: *Zur Kombination Der Steroid-Narkose Mit Barbituraten*, *Anaesthesist* 7: 265 (Sept.) 1958.)

**NEW MASK HOLDER** Its elasticity avoids the falling back of the jaw. No pressure is exerted on the parotid and there is no congestion of the veins in the neck. The operating field is not limited during surgery on the ear or neck. (Deselaers, E.: *A Vertical Elastic Fixation of the Anaesthesia Mask*; *Anaesthesist* 7: 46 (Feb.) 1958.)

**HYPOTENSION** The incidence of serious complications is too high to recommend the routine use of ganglion blockers during anesthesia. The method is only justified in selected cases where excessive bleeding in the operative field may either jeopardize the effect of the operation or render it impossible. Thus indications for this technique can be seen only in some neurosurgical, some E.N.T. and a few plastic operations. It can also be of use in some cases of eclampsia. Distinct contradictions are sclerotic changes in the cardiovascular system as well as liver and kidney diseases. (Foldes, F. F., Keutman, E., and Hunt, R. D.: *Effect of Continuous Removal of Cerebrospinal Fluid Pressure*, *Anaesthesist* 7: 261 (Sept.) 1958.)

**INTRACRANIAL PRESSURE** Based on a study of the relation between intrabronchial and intracranial pressures, for brain and eye surgery, general anaesthesia with curare and alternating positive-negative pressure breathing is recommended in order to avoid brain swelling. Slight hyperventilation will decrease intracranial pressure still further. (Ressel, G.: *Artificial Respiration on Intracranial Pressure, Experimental Study*, *Anaesthesist* 7: 33 (Feb.) 1958.)

**HEAT RETENTION** Heat retention during third stage, second plane anesthesia is a common complication in an overheated room, particularly during the use of a closed circuit for children. Convulsions, which may occur, are associated with hyperpotassaemia. (Hikasa,

Y., Ogata, T., and Sato, T.: *On Question of Heat Retention Under Anesthesia with Endotracheal Intubation*, *Anaesthesist* 7: 71 (March) 1958.)

**ETHER CONVULSIONS** Cats and monkeys subjected to hyperthermia of 102° to 108° F. under ether anesthesia developed convulsions. Electroencephalographic changes during convulsions indicated a build up preceding the response, more pronounced in the cerebellum than in the cerebrum. Surviving animals showed microscopic changes in cerebellar cells and had exhibited loss of coordination, balance, and progressive wormlike movements of the body in the extremities. (Owens, G., and Clark, W. M.: *Cerebellar Responses During and After Experimental Ether Convulsions*, *Electroencephalog. & Clin. Neurophysiol.* 10: 657 (Nov.) 1958.)

**LOCAL ANESTHETIC DRUGS** Epidural anesthesia performed with various local anesthetic drugs indicated Nesacaine may have the least toxicity. The greatest number of convulsions occurred per 1,000 cases with lidocaine 2 per cent, next with procaine 2 or 5 per cent, next hexylcaine 2 per cent and least with chlorprocaine. Two thousand cases using chlorprocaine resulted in only one convulsive reaction. (Ansbro, F. P., and others: *Chlorprocaine (Nesacaine)—Its Relative Nontoxicity as Demonstrated by Epidural Anesthesia*, *A. M. A. Arch. Surg.* 78: 75 (Jan.) 1959.)

**BRACHIAL BLOCK** Immediate and delayed neurological complications have occurred in a series of 5 patients following brachial plexus nerve block via the supraclavicular approach. According to the literature, they are not rare, severe or permanently incapacitating. To minimize their occurrence, special attention must be given to (1) the selection of patient, (2) proper choice of local anesthetic agent—its sterility, concentration and volume, (3) avoidance of hematoma, excessive paresthesias and use of tourniquet, (4) preoperative and postoperative neurological examination, and (5) postoperative notes. (Wooley, E. J., and Vandam, L. D.: *Neurological Sequelas Brachial Plexus Nerve Block*, *Ann. Surg.* 149: 53 (Jan.) 1959.)