

**Light Halothane Anesthesia**

*To the Editor.*—The recent article by Davenport and his associates (Hypercarbia during light halothane anesthesia with neuromuscular block, *ANESTHESIOLOGY* 25: 307, 1964) implies that with light halothane anesthesia there is little or no response of cardiac output, arterial pressure, electrocardiogram, or blood catecholamines to a rise in arterial  $P_{CO_2}$  of 20 mm. of mercury. Their data nicely support this implication. However, I would like to question their use of the term "light halothane anesthesia." At the ventilation used, the alveolar halothane concentration is unlikely to exceed 0.3 per cent (Eger, *Brit. J. Anaesth.* 36: 155, 1964). Hence the 50 per cent nitrous oxide which accompanied the halothane would exert an equal anesthetic effect (Saidman and Eger, *ANESTHESIOLOGY* 25: 302, 1964). The preanesthetic medication (pentobarbital 1.7 mg./kg., morphine 0.12 mg./kg., and scopolamine 0.01 mg./kg.) would probably contribute another equal share to the anesthetic effect (Taylor, and others, *ANESTHESIOLOGY* 18: 849, 1957; and Saidman and Eger, *ANESTHESIOLOGY* 25: 302, 1964).

The study, therefore, may not represent what occurs under light halothane anesthesia, but rather what occurs under light anesthesia with morphine, pentobarbital, scopolamine, nitrous oxide, and halothane.

EDMOND I. EGER, II, M.D.  
*Department of Anesthesia*  
*University of California*  
*Medical Center*  
*San Francisco, California*

**Correction**

*To the Editor.*—An error has been found in my recent paper appearing in the Current Comment section (Schmidt, K. F.: Metabolism of Procaine in Cerebrospinal Fluid Contaminated with Blood, *ANESTHESIOLOGY* 25: 563, 1964). In the last column in table 1 (page 563), the entry "Percentage Recovery of Procaine" should be 107 per cent instead of 10.7 per cent.

KURT F. SCHMIDT, M.D.  
*Section of Anesthesiology*  
*Yale University School of Medicine*  
*New Haven, Connecticut*

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**FIBRINOLYSIS** Fibrinolysis occurs following amniotic fluid embolism, intra-uterine fetal death and premature placental separation. Hemorrhagic shock causes and sustains it. Bank blood alone is not sufficient because it contains plasminogen. Fibrinogen is destroyed by proteolysis. Plasmin inhibitors are necessary for treatment and Trasylol was found effective. It checks the transformation of plasminogen to plasmin and the action of plasmin on fibrinogen and fibrin. (Steichele, D. F.: *Significance of Proteolysis in Gynecological Hemorrhage Due to Loss of Fibrin*, *Arch. Gynaek.* 64: 475 (Apr.) 1964.)

**OBSTETRICAL ANALGESIA** Changes in uterine contractions during continuous lumbar epidural anesthesia for vaginal delivery are affected more by hypotension than by blockade of the motor nerves to the uterus. Anesthesia should be started during the first stage of labor, and care must be taken not to produce hypotension below 100 mm. of mercury systolic during contractions. (Ogawa, M., and Ogawa, E.: *Continuous Lumbar Epidural Anaesthesia for Vaginal Delivery. II. The Spread of Anaesthesia, Changes in Blood Pressure, and Uterine Contractions*, *Japanese J. Anaesth.* 12: 321, 1963.)