

anesthetist. Of the three parameters we have discussed, twitch tension appears to be the most useful single index of the action of *d*-tubocurarine. (The effect of even one-mg doses could be detected in our study.) The ability to sustain tetanus and visual examination of posttetanic twitch tension are considerably less important, for reasons we have discussed.

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Drugs

MASSIVE HEPATIC NECROSIS This abstract is a summary of a clinicopathologic conference from Washington University School of Medicine. A 67-year-old woman underwent percutaneous translumbar aortography, followed seven days later by superficial femoral popliteal artery bypass, which was followed two weeks later by left femoral endarterectomy. For all operations, anesthesia consisted of halothane, nitrous oxide, oxygen and thiopental. Four days after the third operation, the patient became jaundiced. Despite treatment, the jaundice deepened; she became obtunded, oliguric, and hypotensive, and died 24 days later. Autopsy revealed lobar pneumonia, acute massive hepatic necrosis, renal tubular necrosis, and pneumococcal meningitis. The admonition is made to avoid a second use of halothane anesthesia in any patient exhibiting fever and jaundice after one exposure to halothane. In addition, repeated frequent exposure to halothane is not recommended. (*Clinicopathologic Conference: Massive Hepatic Necrosis Following Multiple Exposures to Halothane, Amer. J. Med.* 45: 589 (Oct.) 1968.)