Innovar is effective in preventing increases in intracranial pressure during maintenance of anesthesia, and currently is considered by many to be the best anesthetic for patients with space-occupying lesions. At the same time, halothane has lost favor and is commonly believed to be contraindicated for such patients. It is our conclusion that, if hypocapnia is established initially, halothane is not contraindicated in patients with intracranial mass lesions, and in some circumstances it may be the most appropriate anesthetic available.

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Respiration

NEBULIZATION IN PULMONARY DISEASE Ultrasonically nebulized mist, with a median particle diameter of 5.0 ± 1.6 μm and a mist density of about 50 mg H_2O/l air, was administered by mist tent for 15 minutes to 20 normal children, 20 children with cystic fibrosis, and 20 children with bronchial asthma. No child was given any bronchodilator drug or showed any acute exacerbation of pulmonary disease on the day of testing. Half of each group inhaled orally and half, nasally. Maximum expiratory flow volume curves were made using a wedge spirometer; airway resistance and thoracic gas volume were measured by body plethysmography. Forced expiratory flow (FEV), maximum expiratory flow ($\dot{V}_{max}$), expiratory flow at 25 and 50 per cent of vital capacity ($\dot{V}_{25}$ and $\dot{V}_{50}$) and specific airway resistance (sR_{aw}) were calculated. The normal children showed a slight but significant *decrease* in sR_{aw} when breathing mist nasally. Children with cystic fibrosis showed no significant change in any measurement after inhalation of mist. Asthmatic children showed a significant *increase* in sR_{aw} and significant *decreases* in all flow measurements and in forced vital capacity. The last measurement suggested air trapping. (*Barker, R., and Levison, H.: Effects of Ultrasonically Nebulized Distilled Water on Airway Dynamics in Children with Cystic Fibrosis and Asthma. Pediatrics 80: 396–400, 1972.*)