Anesthesiology
V 38, No 1, Jan 1973

Correspondence

Bibliography on Shock Hazards

To the Editor:—In May 1972, we completed a new bibliography on Electrical Shock Hazards in the Hospital Environment. This is available on application to interested persons. The information has been set up on our computer and will be brought up to date each summer. The computer printout has been lithographed and is available in the form of a 35-page booklet containing more than 1,000 references. Where funds are available a voluntary contribution of $2.00 is asked to cover the cost of printing and mailing. Requests should be sent to me at the address below.

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(*Accepted for publication August 1, 1972.*)

Subarachnoid Injections for Intractable Pain

To the Editor:—To confirm the clinical implications of the study, "Progressive Changes in the Concentration of Ethyl Alcohol in the Human and Canine Subarachnoid Spaces," by Drs. Matsuki, Kato and Ichyanagi (ANESTHESIOLOGY 36:617–621, 1972), I wish to report my experience with approximately 100 subarachnoid injections of alcohol for relief of intractable pain. The patients were turned to the supine position 15 to 20 minutes after injection with no untoward sequelae, such as motor paralysis or excessive sensory loss. In fact only one complication, prolonged leg and bladder paresis, occurred, in a patient in whom numerous blocks had been performed; this complication clearly was not related to the change in position.

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(*Accepted for publication August 14, 1972.*)

Brain Anesthetic Concentration—A Misleading Concept?

To the Editor:—Dr. Wolfson and his colleagues [1] suggest that the brain anesthetic concentration at a particular endpoint may serve as a basis for comparison of different agents. However, such an idea may be misleading, since the concentration in whole brain may differ greatly from the concentration at the anesthetic site of action.

The brain is a multiphasic system (about 78 per cent water, 12 per cent lipids, and 8 per cent protein),[2] and anesthetics probably act in hydrophobic subcellular areas [3, 4] such as a particular part of a membrane or of a protein molecule. Solution of anesthetic agent in other phases in the brain, such as water, is incidental to, rather than essential for, anesthesia. Thus, the overall brain concentration will vary with the proportion of essential to incidental phases if the relative affinity of the anesthetic is different for each. For example, the rat brain halothane concentration midway between the concentration permitting and that preventing movement in response to tail clamp was 27 mg/100 g ("BAC").[1] Assuming a