

ABSTRACTS

Editorial Comment: Material for this section is not abstracted in a uniform style. Many employ direct quotations only. Others are written in the more conventional form. At times there may be included a few opinions, personal to the abstractor, which, where they appear, will be bracketed or labeled "Comment." The Editorial Office continues in its desire to receive correspondence from readers relative to the management of this section.

SMITH, S. M.: *Curare as an Adjuvant During Inhalation Anesthesia: Report of Fifty Cases.* Rocky Mountain M. J. 41: 313-317 (May) 1944.

"I have administered curare to relieve the muscle spasm in cases of poliomyelitis unanesthetized, and in cases anesthetized with pentothal sodium and with cyclopropane. I have administered Intocostin to one case of tetanus and have a series of fifty cases to report in which curare was used as an adjuvant during inhalation anesthesia at the L. D. S. Hospital [Salt Lake City, Utah]. . . . Excellent muscular relaxation of the abdomen was obtained without marked respiratory depression. In a few of the cases there was complete loss of intercostal muscle function and some exhibited jerky diaphragmatic movement. In none of the fifty cases did this progress to complete respiratory arrest. . . . In none of the fifty cases has there been evidence of undesirable circulatory effects. . . . Curare has by no means been used routinely. Its use has been restricted primarily . . . to those operative procedures which are facilitated most by good muscular relaxation and quiet intestine. . . . Ten of the fifty cases received pentothal sodium for induction, cyclopropane administration beginning with the loss of consciousness. From then on they were carried under cyclopropane anesthesia and curare given. . . . The respiratory depres-

sion was not increased in the patients receiving pentothal sodium for induction. . . . The remaining forty patients received cyclopropane and curare only. . . . The postoperative course of the patients included in this report was apparently unchanged." 11 references.

J. C. M. C.

BRENNECKE, M. A.: *Anesthesia in a Small Hospital: a Review of the Methods Used for a Period of One Year.* Hawaii M. J. 3: 159-166 (Mar.-Apr.) 1944.

"The 277 [varieties of anesthesia] considered in this report were anesthetics distributed about equally between major and minor operative procedures. . . . In spinal anesthesia for lower abdominal surgery, pontocaine hydrochloride was a better drug than novocaine hydrochloride because it was not as toxic to the patient and because it always gave sufficient length of anesthesia after it had once been established. . . . Pontocaine hydrochloride used alone was not always satisfactory in upper abdominal surgery. . . . Local field block and local infiltration are two ideal methods of anesthesia. . . . Methods of nerve block were not used as often as their merit deserves. . . . Pentothal sodium is an excellent general anesthetic, but it is not without danger. . . . Trilight analgesia was a particularly good