

## ABSTRACTS

**Editorial Comment:** A fixed style of presentation for this department of ANESTHESIOLOGY has purposely not been defined. It is the wish of the Editorial Board to provide our readers with the type of abstract they desire. Correspondence is invited offering suggestions in regard to the length of abstracts, character of them, and source of them. The Board will appreciate the cooperation of the membership of the Society in submitting abstracts of outstanding articles to be considered for publication.

DYE, F. C.: *Advances in Anesthesia*.  
Bull. Univ. Maryland School Med.  
32: 23-29 (July) 1947.

"Inhalation anesthesia has had no important radical innovations in recent years. . . . Diethyl ether is still the drug most widely used for inhalation anesthesia. . . . The disadvantages of chloroform outweigh its advantages and its use should be condemned. . . . Divinyl ether or vinethene is a newer volatile agent and is administered by the open drop method. . . . Ethyl chloride should be displaced for the greater safety of divinyl ether. . . . One of the newest volatile anesthetics is N-propyl methyl ether or metapryl. . . . There are three gaseous inhalation agents at the disposal of the anesthesiologist. Cyclopropane is the newest and probably the most ideal as it provides a pleasant and rapid induction. . . . When properly used, ethylene disturbs the normal physiology of the body very little. . . . Nitrous oxide may be used with safety when a general anesthetic agent of low potency is indicated if adequate oxygen is included in the mixture. . . . Intravenous anesthesia with sodium pentothal is finding increasing usefulness. . . .

"The most frequently used rectal anesthetic is avertin or tribromethanol with amyl hydrate, it is used as a basal anesthetic. . . . Spinal anesthesia is still considered as being too hazardous by some surgeons. . . . The proportion of cases in which spinal anesthesia is used is now greater than ever before. At

the University of Maryland Hospital it is employed for almost every laparotomy as well as for a goodly portion of operations on the pelvic organs when approached from below, on the perineum, and on the lower extremities. . . . Continuous or fractional spinal anesthesia is satisfying a long felt need in furnishing the desirable features of spinal anesthesia over periods of several hours. . . . Continuous caudal anesthesia, which has been made possible by adapting the malleable needle used for fractional spinal anesthesia or by the insertion of a ureteral catheter into the sacral hiatus, seems to be answering a real need for improved obstetric anesthesia. . . .

"Regional nerve block anesthesia is especially indicated in feeble patients and patients in shock. . . . Refrigeration anesthesia or cryotherapy is useful for amputations especially in the poor risk patient. . . . The utilization of curare is at the present moment a matter of foremost interest in anesthesiology. . . . A field of anesthesia in which the average surgeon does not expect the anesthesiologist to be interested in that of oxygen and gas therapy." 2 references.

J. C. M. C.

EVANS, A. L.: *Spinal Anesthesia (Editorial)*. South. Surgeon. 13: 774-775 (Oct.) 1947.

"As the search for the ideal anesthetic continues, spinal anesthesia has

proved, through the years, to be a safe, nontoxic and dependable method of preparing a patient for surgery in cases in which it is indicated. . . . Although many surgeons today are utilizing the benefits offered by this form of anesthesia, there are still too many who refuse to accept its advantages and in doing so deny their patients the indicated anesthetic in many instances."

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to 5 of the subjects of the evipal series produced no alteration of the angioscotoma. One might ascribe the associated effect of evipal on the normal angioscotoma as related to changes in: (a) the perivascular space functions; (b) conductivity of the retinal neurons and synaptic junctions; and (c) the parasympathetic nervous system." 8 references.

J. C. M. C.

FINK, A. I.: *Changes in the Angioscotomas Associated with the Oral Administration of Evipal*. Association for Research in Ophthalmology. Proceedings. 15: 35-39 (July 2) 1946.

"For some time ophthalmologists have been concerned with the question as to whether barbiturates are contraindicated in the treatment of patients with glaucoma. This concern has derived to a great extent from the fact that large doses of barbiturates have been known to produce a dilation and to increase the permeability of the cerebral blood vessels and capillary bed. With a suitable method, one could study the effect of an orally administered barbiturate upon the retinal vascular system. Angioscotometry was chosen as a suitable method for this experiment, since changes in the normal angioscotoma are assumed to represent alterations in the functions of the retinal perivascular space. . . . Ten studies were carried out on 10 different subjects, 9 female and 1 male. The ages of the subjects ranged from 21 to 26 years. All known causes for alteration of the angioscotoma were carefully eliminated. Each subject was found to be in good health. . . .

"The oral administration of 4 gr. of evipal was associated with a widening of the angioscotoma in 8 of 10 subjects. The other two showed no recognizable change. Administration of a placebo containing 4 gr. of lactose

FREEMAN, L. W., AND HEIMBURGER, R. F.: *Surgical Relief of Pain in Paraplegic Patients*. Arch. Surg. 55: 433-440 (Oct.) 1947.

"Recent years have brought the wholesale discard of older concepts of paraplegic care, and the life expectancy of the average patient with severe injury of the spinal cord has been lengthened from about eighteen months to perhaps a normal one. . . . For the purposes of simplification, pain in the paraplegic patient can be classified into three types. . . . Somatic pain is that pain characterized by intermittency, sharpness and conformation to dermatome patterns. It is found most frequently in patients with injury to the cauda equina and affects the dermatomes in which no sensation is present. Thus it can be likened to a phantom pain. In some instances the hyperalgesia of the segments lying directly above the site of injury may amount to actual pain. . . . Sympathetic pain is characterized by its constancy, by its dull, aching or burning nature and by its vague reference to such regions as the back of the leg. This includes the so-called visceral pain. . . . Psychic pain has no definite characterizing features and does not lend itself to definition. . . . When the psychic component must be considered as a large contributor, a course of placebo therapy will often be of considerable benefit. In highly emotional patients the threat of suicide during such a course has