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.

WARTHEN, H. J., JR.: *The Need for Trained Medical Anesthetists in Virginia.* Virginia M. Monthly. **74**: 394–397 (Sept.) 1947.

"The question as to why Virginia and, for that matter, the entire South Atlantic Area, has failed to take full advantage of the best that modern anesthesia has to offer is difficult to answer and beyond the scope of this paper. The fact remains that probably 90 per cent of all anesthesias given in Virginia are administered by nonmedical personnel. Several weeks ago a questionnaire was sent to 85 hospitals in the State of Virginia asking if their staff included a physician anesthetist and if this staff member was certified by the American Board of Anesthesiology. Only civilian hospitals were chosen for this survey and neither Veterans Administration nor mental or tuberculosis hospitals were included. Replies were received from 78 or 92 per cent of the hospitals queried. Assuming that the 7 hospitals which did not reply did not have a physician anesthetist and this assumption appears reasonable in view of the size of these institutions, this survey showed that only 13 physicians are practicing anesthesia in the State. One of this number is certified by the American Board of Anesthesiology. . . . This situation is not true generally throughout the United States. . . .

"During the first seventy-five years after the introduction of anesthesia few physicians were interested in this specialty. It was considered only a means to an end and the rapid strides that were being made in the broadening field of surgery diverted attention from this important subject. The anesthesias were given by a physician who chanced to be available or by a nurse who frequently was assigned this duty along with other functions in the operating room. In some instances an orderly served as anesthetist. Needless to say, the standard was low and in all probability the safest anesthesias were given by nurses. This state of affairs continued until about 1920. It is significant that ether, nitrous oxide and chloroform continued to be used in much the same manner as when they were introduced three-quarters of a century before. Little had been added to our knowledge concerning these drugs and, with the exception of the various local anesthetics, no new agent had been discovered About twenty-five years ago a change occurred. Physicians became interested in anesthesia and began to specialize in it. . . .

"A surgeon who has not had the opportunity of operating with the assistance that a well trained anesthesiologist can offer will find it difficult to realize the relief that is afforded in being able to devote his entire attention to the surgical problem in an ill patient with the assurance that the general condition of the patient rests in competent medical hands . . . The speaker does not wish to give the im-

pression that all operations require the services of a physician anesthetist. All of us realize that nurses have administered the large majority of anesthesias that have been given in Virginia and they have given them extremely well. The patient in good condition who has an operation of average magnitude will do about as well with either type of anesthetist. But the poor risk patients and especially those who are subjected to the formidable procedures which are becoming more and more frequent on our operative schedules are the ones who should have the benefit of a physician anesthetist. Nurses do not relish the responsibility of handling this type of case and it is as unfair to them as it is to the patient to ask them to do so. One physician anesthetist in a hospital of moderate size is adequate to care for the more difficult cases and he is also available to help in any emergency which may arise during the course of other operations in the same hospital. Nurse anesthetists appear to welcome the moral support afforded by a physician anesthetist in the same building. . . .

"I would again like to point out that Virginia has lagged behind the country at large in failing to utilize the services now offered by trained medical anesthetists. In order to correct this we need centers for the training of physicians in this specialty and this function logically should be assumed by the University of Virginia and the Medical College of Virginia. If such a program is adopted, these teaching hospitals at once will receive the benefit of improved anesthesia, the hospitals throughout Virginia will soon have a supply of anesthesiologists available and, most important of all, our patients will be operated upon under the most favorable conditions it is within our power to provide." 2 references.

J. C. M. C.

WYNGAARDEN, J. B.; WOODS, L. A., AND SEEVERS, M. H.: *Plasma Levels and Urinary Excretion of Injected Myanesin in Dogs.* Proc. Soc. Exper. Biol. & Med. **66**: 256–260 (Oct.) 1947.

"The recent publications of Berger and Bradley describing a new synthetic curarizing agent, a-β-dihydroxy-γ-(2-methylphenoxy)-propane (myanesin), and the initial clinical report by Mallinson of its use as a substitute for curare in 118 cases, are of potential interest in the field of anesthesia. The brevity of action of myanesin aroused our interest in its physiological disposition, and it was considered desirable to study blood levels and urinary excretion. . . . The method . . . is dependent upon the nitration of myanesin in aqueous solution, and the development of a strong yellow-green color when made alkaline with sodium hydroxide. . . .

"Preliminary observations would seem to indicate that myanesin is conjugated with glucuronic acid, as least in part. . . . The rapid decay curve of myanesin in dog plasma explains the brevity of its pharmacological action. In the dog, from 0.1 to 2.0 per cent of the administered dose is excreted as free myanesin; from 32 to 42 per cent of the administered dose is excreted as conjugated myanesin in twenty-four hours." 7 references.

J. C. M. C.

WILSON, H. B. AND GORDON, H. E.: *Myanesin as an Aid to Anaesthesia in Children.* The Lancet 1: 367–368 (Mar. 6) 1948.

"At the Royal Aberdeen Hospital for Sick Children the properties of x: B-dihydroxy-Y-(2-methylphenoxy)-propane ('Myanesin') were investigated primarily to determine if it is effective and if it has any harmful effect on the patient. It was decided in the first place to use myanesin on patients in