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.


"The purpose of this paper is to acquaint dentists of our success with Vinethene as an inhalation anesthetic agent for short operations. . . . The report is based on our experiences during the employment of Vinethene anesthesia in a large percentage of our operations during the past several months. In the past fifteen years in this clinic we have anesthetized 67,853 patients without a fatality. . . ."

"In the Oral Division of St. Vincent’s Charity Hospital, we have been using Vinethene both by the open drop method and by vaporizing it in the machine with nitrous oxide-oxygen. We attach a vaporizer to our McKesson or to our Heidbrink Simplex machine and obtain anesthesia with complete relaxation and without an excitement stage. The induction is as rapid as with any anesthetic gas and much more certain than with nitrous oxide. Unconsciousness usually occurs within 20–45 seconds after the first inhalation. We never have to anticipate a struggling stormy induction; even the most resistant patients sink into anesthesia quietly and promptly. At no time do we reduce the oxygen flow below the basal requirements of the patient.

"Therefore, we never see cyanosis and what is more important, none of our patients is subjected to anoxemia, not even for a short time. . . . Our patients recover promptly and completely. A vomiting patient is very rare. Patients are able to walk into an adjoining room as soon as the operation is completed. They do not sweat as they used to do when they struggled during excitement, so they are permitted to leave the clinic as soon as post-operative bleeding stops, even in cold weather. . . ."

"Whenever a patient is to be rendered unconscious, a freely open airway is of first importance; first, last, and always. To guard against obstruction of the air-way from fluid, saliva or blood, an efficient suction device should be ready for immediate use. The ambulant clinic patients do not require premedication. Whenever possible, we prefer to administer anesthetics to a patient with an empty stomach. If the patient has eaten recently and the operation cannot be delayed we prefer Vinethene to any other anesthetic agent. We also prefer to operate upon the patient in the sitting position. We rarely use restraining straps."

J. C. M. C.


The cause of convulsions which come on after anesthesia appears quite obscure. It is well known that vines-