

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.

LEVY, R. L., AND MOORE, R. L.: *Para-vertebral Sympathetic Block with Alcohol for the Relief of Cardiac Pain; Report of Forty-five Cases.* J. A. M. A. 116: 2563-2568 (June 7) 1941.

"There are certain persons who suffer so intensely from frequent paroxysms of cardiac pain that life becomes burdensome. They do not form a large group, but their plight is pitiable. Glyceryl trinitrate affords momentary relief, but they are not helped for any length of time by prolonged rest or by any of the usual medicinal remedies. In the preponderant majority, coronary sclerosis is at the basis of the trouble; a smaller number have aortic insufficiency resulting from either rheumatic fever or syphilis; to a few with no demonstrable anatomic lesions is applied, for want of a better term, the diagnosis 'coronary spasm.' In all these conditions the available evidence indicates that anoxemia of the heart muscle due to coronary insufficiency is the major factor concerned in causing the pain. . . . The final analysis of results has been made on the basis of 40 cases. . . .

"In general, the same technic has been used in all the cases. The needles were inserted in the upper five or, occasionally, six intercostal spaces, as described by White, and tests were made to be sure that the points were not in the pleural cavity, in blood vessels or in the subarachnoid space. Markers were used to measure the depth to

which the needles were inserted, and when the point of each needle reached the lateral aspect of the vertebra or the head of the corresponding rib it was assumed that the correct depth had been attained. In every instance the injection of alcohol was preceded by the introduction of 5 cc. of a 1 per cent solution of procaine hydrochloride. The preliminary injection of procaine hydrochloride prevents the pain which would otherwise be caused by the irritative effects of alcohol. Five cc. of an 80 per cent solution of alcohol was injected through each space in almost all our patients. In a few, 6 cc. was used. In 1 patient 10 cc. was injected through each of the upper seven spaces; this caused more than the usual amount of postoperative discomfort. After the injection of procaine hydrochloride the patients were examined for signs of sympathetic and intercostal nerve block. Whether or not these signs were evident, the alcohol was injected unless there had been some difficulty in inserting the needles. This was done because it was found that the immediate appearance of a satisfactory effect of procaine hydrochloride was not essential to a successful result. Sometimes, signs which could not be satisfactorily demonstrated immediately after the procaine hydrochloride was injected, were easily recognized the next day. Furthermore, many patients, because of temperament, difficulty with language, drowsiness or ignorance, were unable to aid in the

mapping of areas of anesthesia. Some of them would never have consented to another attempt, and few could have cooperated any better the second time.

"In the beginning it was our practice to perform all injections with the patient on the operating table. The patients were transported to and from the operating room by stretcher and were put back to bed immediately after the injection. More recently, in accordance with White's suggestion, this practice was discontinued. Each patient was given the injection in his own bed and required to lie quietly for at least one hour after injection. According to White, this is important to prevent diffusion of the alcohol and irritation of outlying nerves. So far, our experience does not seem to show that the results are any better in the patients treated in this manner. One important advantage of the operating table is that it can be raised or lowered to suit the operator's convenience. . . .

"Relief was obtained in 77.5 per cent; in 22.5 per cent treatment failed to give relief. The relief was marked and permanent in 47.5 per cent of the total number. Eight cases have been followed for more than six years; 2 of these have been followed for nine years. There was no immediate operative mortality. In 5 cases pleural effusion developed on the left side; the fluid was absorbed without aspiration within a week. Most of the patients suffered from painful intercostal neuritis, which lasted from a few weeks to several months. Many of these patients who had been bedridden or confined to the house were able to resume an active life." 11 references.

J. C. M. C.

HAUGEN, F. P.: *General Anesthesia for Jaw Casualties*. Mil. Surgeon 89: 70-80 (July) 1941.

"There are few problems in anesthesia that present a greater variety

of technical difficulties than the production of safe and effective narcosis for operative procedures about the oral cavity. Because of these difficulties, as many of these procedures as possible should be done with some form of regional block anesthesia. . . . We wish to outline a plan of approach to the case requiring general anesthesia. . . . We should have some general classification for patients presenting themselves for operation. It has become customary among anesthetists to place patients in classes A, B, C, and D. Class A is the excellent risk. . . . Class B patients have some disease or injury of relatively minor nature other than that bringing them to the amphitheater but which might influence the outcome of an operation. . . . Class C patients are serious risks. . . . Class D risks are those that stand little chance of surviving the operative period. . . . Very few patients in Classes C and D should have a general anesthesia for an injury to the jaw or face. . . . Among the general factors influencing the patient's chances for recovery are: 1. Age. . . . 2. Weight. . . . 3. Weakness. . . . 4. Heart Disease. . . . 5. Anemia. . . .

"The use of certain opium derivatives, or members of the barbitol group, together with one of the belladonna family has become routine prior to inhalation anesthesia. . . . The purpose of premedication is to make anesthesia easier to induce and to maintain. . . . The best drug we have for this purpose is morphine. The dosage must be determined for each patient. . . . Morphine by subcutaneous or intramuscular route must be given an hour to an hour and one half before anesthesia is induced in order that it may exert its maximum effect. . . . When circumstances will not permit the administration of the premedication at least an hour before operation is to commence, it is quite all right to give morphine intravenously. . . . The barbituric acid