

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.

ARNOLD, W. O.: *Shock*. J. Florida M. A. 29: 219-223 (Nov.) 1942.

"Failure of the circulation may result either from a weakness of the heart itself or from an insufficiency of the circulating blood volume. . . . Most observers classify peripheral circulatory failure into two types, depending upon the rapidity of its development and the length of time it lasts. . . . The picture of shock must not be confused with the picture of circulatory failure of cardiac origin, since the treatment is in many instances diametrically opposed. . . . Until a few years ago shock was recognized only by the surgeons as an effect of accidental or surgical trauma, but today it is known that it may be produced in a great many other ways. . . . All the . . . causes of the syndrome of shock have one common factor, a discrepancy between the blood volume and the capacity of the vascular system. . . . The most important cause of the discrepancy is the increased vascular capacity which follows capillary endothelial damage. Moon claimed this to be the explanation of shock. . . . Shock can be recognized before the fall of the blood pressure by laboratory aid. . . .

"While there are many factors concerning shock about which all are not in accord, it is agreed that the factors which call for treatment are the anoxia and the decrease in the blood volume. Treatment should be directed at the removal or amelioration of the cause, and the restoration of the blood volume to

normal. The chief need is the restoration of the fluid lost. . . . It should be emphasized that plasma loss may be present in any type of shock and, therefore, that plasma replacement is indicated whenever it becomes necessary as shown by an increase in the hematocrit determination out of proportion to the rise in the plasma protein level. In plasma loss physiologic saline solution so commonly used is not effective. In fact, it may be harmful. . . . The use of plasma increases the osmotic pressure inside the capillaries and restores the fluid balance better than any other substance. . . . As anoxia is the eventual result of peripheral circulatory failure, it is evident that the use of oxygen is indicated both in the prevention and treatment of shock. . . . Other treatment includes morphine for pain and restlessness, warmth and rest, and the use of adrenocortical extract is helpful in cases of excessive plasma loss, especially that incident to burns. Caffeine and coramine, being respiratory stimulants, may have an indirect effect that is beneficial but they are not considered as having much effect on the circulation itself." 14 references.

J. C. M. C.

ADRIANI, JOHN: *Symposium on Anesthesia: the Pharmacologic Basis of the Selection of Anesthesia*. New Orleans M. & S. J. 95: 266-273 (Dec.) 1942.

"The formulation of a definite routine in the selection of anesthesia is