

rate, as previously reported by Beecher and McCarrell." 16 references.

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SUGGS, W. D.: *Cerebral and Basal Ganglia Degeneration Due to Anoxia Secondary to Anesthesia—Case Report*. Virginia M. Monthly 70: 513-515 (Oct.) 1943.

"Mrs. C. A. T., age 32, para II, was hospitalized with a diagnosis of pregnancy 12 weeks, incomplete abortion. . . . The patient could not be considered to be in shock. Immediate preparations were made to evacuate and pack the uterus. Preliminary medication consisted of nembutal gr. III, morphine sulphate gr. $\frac{1}{6}$, atropine sulphate gr. $\frac{1}{150}$. The operating room record of the patient's condition, prior to induction of anesthesia, records temperature 98.6, respiration 18, blood pressure 110/72, and the general condition described as 'good.' The record reveals the duration of the anesthetic to be 15 minutes, the duration of the operation 10 minutes. Nitrous oxide and oxygen was the anesthetic agent employed. The induction stage was described as 'somewhat stormy.' While packing the vagina at the completion of the operation, it was noticed that the patient had an involuntary stool. . . . The patient was not breathing. The anesthetist observed that respiration had been normal until that

moment. There was no cyanosis or pallor; the pulse was strong and full. Artificial respiration, combined with oxygen inhalation, was started immediately and various respiratory and cardiac stimulants were administered. The patient was in a condition of apparent respiratory paralysis. It was perhaps one hour before any voluntary respiratory effort reappeared. . . . She was never cyanotic. The patient was then removed to her hospital bed and oxygen administered through a B.L.B. mask. Her pulse, blood pressure, and respiration remained fairly stable during the next three hours, until she had a spastic convulsion involving the entire body, at which time the systolic pressure rose from 108 to 148. These convulsions recurred several times at varying intervals. Consciousness was never fully regained. . . . During spells of spasticity, blood pressure would rise to 150-160 systolic, the arms being extended, hands pronated, and neck and limbs extended. . . . The patient lived in this static state above described for 41 days. . . .

"Pathological diagnosis [showed] general dehydration; pulmonary abscess in lower right lobe posteriorly; congestion of the spleen; moderate parenchymatous degeneration of the liver; moderate parenchymatous degeneration of the kidneys; [and] cerebral and basal ganglia degeneration."

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