

POST, L. T., AND ROBERTSON, E. N.:
Intravenous Pentothal Sodium Anesthesia in Ophthalmology. Am. J. Ophth. 26: 1155-1163 (Nov.) 1943.

"Ninety-four patients . . . underwent 106 eye operations under pentothal anesthesia. This series includes all the eye cases on which this type of anesthesia has been used in Barnes Hospital [St. Louis, Mo.] since April, 1942. The type of preoperative medication with but few exceptions has been an opiate and atropine. . . . The types of operations performed include 27 enucleations and eviscerations; 17 detachments; 15 squints; 12 cataracts; 11 glaucoma operations; 3 each of plastic repair and intraocular foreign body; 2 each of conjunctival flap, tear sac, retrobulbar alcohol injection, and ptosis; and 1 each of traumatic repair, cyclodiathermy, oulectomy, exenteration of orbit, dermoid cyst of orbit, secondary wound closure (cataract), and iris prolapse. In three instances the operations were cancelled after induction of anesthesia. . . . Sneezing during induction of anesthesia was encountered a few times. . . . In the vast majority of these cases the regular local anesthesia ordinarily employed for any given procedure was also used. . . . The length of time the patients were under anesthesia varied from 5 minutes to 1 hour and 50 minutes with an average time for all cases of 34 minutes. . . .

"In this series there were 10 patients

whose systolic pressure was 200 or over prior to surgery or during anesthesia. . . . There were no instances of cardiac collapse in these 10 patients, nor in any of the rest of the group. . . . The only serious complication encountered was a temporary apnea which occurred twice. . . . The relaxation of the patient was satisfactory in all but one case. . . . In all these cases pentothal was used in a 2.5 per cent solution both for the induction and for subsequent doses. . . . There were 17 patients who vomited on the evening following operation. . . . There is some controversy concerning the use of an opiate preoperatively, but most investigators subscribe to its use. Our Department of Anesthesia is among this latter group that being the reason opiates were used so consistently in this series. However, due to the fact that 14 out of the 17 patients who vomited had had an opiate and the extreme hazard that might cause following intraocular surgery, the authors are of the opinion that the use of opiates preoperatively could well be dispensed with. Satisfactory anesthesia has been obtained in several instances in this series without the use of an opiate. . . . The authors feel, like the other men whose cases are herein reported, that these anesthetics in almost every instance were eminently satisfactory from the standpoint of both the patient and the surgeon. 7 references.

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