

## ABSTRACTS

*Editorial Comment:* Material for this section is not abstracted in a uniform style. Many employ direct quotations only. Others are written in the more conventional form. At times there may be included a few opinions, personal to the abstractor, which, where they appear, will be bracketed or labeled "Comment." The Editorial Office continues in its desire to receive correspondence from readers relative to the management of this section.

BURDICK, D. L.; PHELPS, McK. L., AND PETERSON, M. C.: *Anesthesia for Sympathectomy in Hypertension*. New York State J. Med. 46: 2139-2141 (Oct. 1) 1946.

Criteria for the selection of patients for operation for the treatment of essential hypertension vary in different clinics. Prognostic tests which will affect the sympathetic nervous system have only added to the differences in the selection. Loss of muscle tone and modifications in respiration may produce a false prognostic picture. Such is the case with spinal anesthesia, avertin and intravenous pentothal sodium. Recent reports of the use of continuous caudal anesthesia seem hopeful not only in selection of the patients but also in indicating the extent of surgery necessary for the desired result in each individual case.

With more extensive surgery now being used, the anesthetic management becomes more important. The techniques may involve a longer operating time and an open chest. Adequate oxygenation must be insured. Intratracheal anesthesia, light premedication and controlled respiration when indicated are parts of the present management of these patients. Periodic inflation of the collapsed lung should be done throughout the operation. Circulatory disturbances occur more often and with greater severity when the operation is extensive and prolonged. Pulmonary

edema may develop. Neosynephrine continues to be the most valuable drug for treating disturbances of blood pressure. Infusion of 5 per cent glucose in saline or water is started and 0.02 Gm. (2 cc.) neosynephrine is added to each liter. Regulation of the rate of flow maintains a fairly even blood pressure. At the conclusion of the continuous intravenous administration neosynephrine 0.0013 Gm. (2 min.) is given as needed. Injection by the surgeon of procaine hydrochloride, 2 per cent, about the ganglia and chain as soon as they are exposed may help control the fluctuations of blood pressure which sometimes occur. The administration of plasma may prove deleterious, especially in the face of pulmonary edema. The treatment of pulmonary edema is manual positive pressure in the operating room and by positive pressure mask thereafter. Intravenous therapy should be regulated judiciously.

F. A. M.

KNIGHT, R. T.: *Combined Use of Sodium Pentothal, Intocostin (Curare), Nitrous Oxide*. Canad. M. A. J. 55: 356-360 (Oct.) 1946.

A combination of pentothal with curare and nitrous oxide and oxygen has been used. Pentothal, probably the best hypnotic we have ever had, does not provide adequate relaxation unless administered in doses which pro-