

tion has occurred, the injection of procaine, 2 per cent, 10 ml., into the ventricle may restore a normal rhythm. For operations on the diaphragm controlled respiration is essential. At the end of any thoracic operation the cough reflex should be active, spontaneous respiration should be present and the lungs should be expanded. A large proportion of patients will require oxygen in the postoperative period. 1 reference.

F. A. M.

TOWNSEND, C. G.: *Anesthesia for the Surgery of Peripheral Vascular Disease*. Post-Grad. M. J. **22**: 67-71 (Feb.) 1946.

The anesthetist can provide valuable assistance to the surgeon both in the diagnosis, therapy and surgery of peripheral vascular disease. It is essential that the anesthetist who is administering a general anesthetic to a patient with peripheral vascular disease does not produce anoxemia. Failing peripheral circulation and often a poor myocardium may have already resulted in anoxia of the tissues. A perfect airway, amply oxygenated atmosphere, and a light level of anesthesia will help to avoid anoxemia. Cyclopropane is the inhalation agent of choice. Nitrous oxide, although non-toxic, may not produce adequate anesthesia without anoxemia. In spite of some objections to diethyl ether there are some factors in its favor. Light ether anesthesia can be maintained with a more highly oxygenated atmosphere than is the case even with cyclopropane. Ether produces a peripheral vaso-dilatation and the cardiac depressant action is minimal. Pentothal, in small doses and in low concentration, can be used to anesthetize the vascular case. Premedication should be given with caution and in reduced dosage for the poor risk. The age of the patient as well as the

severity and possible duration of operation should be considered in selecting a general anesthetic. Spinal analgesia is of value in the diagnosis and treatment of vascular cases. The risk of lowering the blood pressure may court disaster in a patient who may have a grossly impaired coronary circulation. Local analgesia such as brachial plexus, common peroneal, or tibial block have largely replaced indiscriminate infiltration. Digital nerve block, in the presence of vascular disease, may increase the danger of gangrene. Recently, refrigeration has been developed in the treatment and surgery of certain vascular injuries and diseases of extremities. Refrigeration relieves pain, stops the output of toxic metabolites and provides complete anesthesia prior to amputation. 22 references.

F. A. M.

OSGOOD, C. W.: *Convulsive Seizures Following Barbiturate Withdrawal*. J.A.M.A. **133**: 104-105 (Jan. 11) 1947.

The controlled employment of the barbiturates in the care of institutionalized patients has been safe and effective. Withdrawal symptoms have been observed only on infrequent intervals in the Milwaukee Sanitarium during the past fourteen years. Six patients who were being treated for nervous and mental disorders developed convulsive seizures following reduction or discontinuance of barbiturates. None of the patients had a previous history of convulsions. Four of the patients developed the convulsions during gradual withdrawal. Larger than average doses of the barbiturates had been taken by the 6 patients over periods of months or years. Neonal sodium, pentobarbital sodium, phenobarbital sodium, seconal sodium and sodium amylal were the drugs which had been used. No subsequent ill effects followed