

## 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.

McCLEERY, R. S.; ZOLLINGER, R., AND LENAHAN, N. E.: *A Clinical Study of the Effect of Intercostal Nerve Block with Nupercaine in Oil Following Upper Abdominal Surgery.* Surg., Gynec. & Obst. **86**: 680-686 (June) 1948.

This investigation evaluated the results of intercostal nerve injection in 50 patients, with reference to the reduction of postoperative discomfort and pulmonary complications. The analgesia produced by local anesthetics in a water base is probably of too short duration, while those preparations in oil and benzyl alcohol may result in the development of neuritis. Consequently, a mixture of 1:1000 nupercaine in peanut oil was prepared and used.

Thirty cases served as controls and 50 cases of various upper abdominal procedures were selected at random. No selection was made on the basis of age, habitus, physical condition, etc. The first 40 cases were blocked in the midaxillary line; the last 10 blocks were performed posteriorly, 4 fingers from the spinous processes. 3.00 cm. of the mixture were injected in each interspace in the majority of cases, blocking T6 through T11. Bilateral injections were done only in the case of midline incisions or those transverse incisions crossing the midline.

Vital capacity was determined using the McKesson-Scott spirometer. Narcotic requirements were determined by

the number of doses of an opiate or other narcotic, given according to the judgment of the nursing staff. The cases counted as pulmonary complications were those in which the course of the patient's recovery was impeded by changes in the respiratory system.

The results of the survey, when compared with the control series, showed: (a) marked reduction in narcotic requirements, which was shown to be statistically significant; (b) a statistically significant improvement of the expected postoperative drop in vital capacity; (c) reduction in pulmonary complications from 13 per cent to 6 per cent, which was felt to be clinically significant. The drug used had beneficial effects for forty-eight hours or longer and had no undesirable early or late sequelae.

Two cases of pneumothorax occurred as a result of errors in technic. No cases of sterile abscess, infection, pleuritic pain or pleural effusion were noted; there were no cases of wound evisceration connected with the decrease of abdominal wall sensitivity. 18 references.

C. C. L.

PRATT, G. H.: *Steel Wire Sutures, Local Anesthesia, and Immediate Ambulation in the Treatment of Hernia.* Surg., Gynec. & Obst. **86**: 530-534 (May) 1948.

Stainless steel wire was introduced into surgery in 1932 by Babcock. It