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.


"In December 1947 a group of Wisconsin doctors formed the Wisconsin Society of Anesthesiologists. Physicians limiting their practice and also those devoting part of their time to anesthesia were invited to join. The purpose of the Society is to encourage scientific progress in anesthesia, to disseminate information in regard to anesthesia, to make available to more people the benefits to be derived from the services of qualified anesthesiologists, and to develop and further the specialty of anesthesia for the general elevation of the standards of medical practice."

J. C. M. C.


"In this series a dilute solution of procaine hydrochloride was substituted for the usual post operative morphia in all cases which had undergone major abdominal operations, particularly in the upper abdomen. . . . Of the 100 cases treated, 90 were rendered pain free for periods ranging from 12-24 hours. In the remaining 10 cases, 500 cc. only of the procaine solution was used, for one reason or another, and this gave relief from pain for periods of from 5-8 hours. While the majority of patients were free from pain, several complained of vague epigastric discomfort not amounting to actual pain. They could, without exception however, breathe deeply without difficulty. In only sixteen cases was morphia given in the first 24 hours of the post operative period. In fourteen of these cases, too little procaine was administered over too long a period. In the two remaining cases morphia was considered necessary for severe pain which was not adequately controlled by the procaine solution. . . .

"A moderate degree of tachycardia and flushing of the skin has been noted in several cases, but this has given rise to no discomfort and has quickly disappeared on slowing down the rate of the drip. . . . Although this series is small, it is quite obvious that the incidence of post operative pulmonary complications has markedly decreased. . . . In two cases a secondary haemorrhage occurred from the wound. Although this may have been coincidental, the possibility of the vaso-dilator action of the procaine having played a part, cannot be entirely ruled out. The antagonistic action of procaine on the sulpho drugs was recognized, but none of these cases developed any wound infection. All the patients in this series were anaesthetized with inhalational
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or, and intravenous agents. In no case was intravenous procaine given to any patient who had undergone local or spinal analgesia."

J. C. M. C.


"After more than fifty years of use nitrous oxide oxygen anesthesia is still the most popular general anesthesia for dental surgery. Its superiority over other general anesthetics is well established. . . . Because of the weakness of nitrous oxide as an anesthetic agent, particularly in an 'anesthetic resistant' type of patient . . . a supplementary agent or synergist should be employed in many cases. . . . Supplementary agents may include: Premedication . . . or Synergists."

J. C. M. C.


"Myanesin relaxes skeletal muscles by depressing the reflex excitability of the spinal cord. It prevents convulsions and death from a lethal dose of strychnine in mice, in doses which do not paralyze the animals. In anaesthetic practice, myanesin permits of a light anaesthesia with adequate muscular relaxation. It counteracts pre-narcotic excitement and potentiates barbiturate narcosis. Myanesin possesses a high degree of safety. On account of its haemolytic properties, haemoglobinuria may be produced, but the incidence of this is extremely rare (less than 20 reported cases). The haemoglobinuria thus produced would appear to be symptomless. Other preparations in widespread use are also liable to give rise to haemolysis. If the concentration of myanesin is not more than 2 percent, haemolysis does not occur."

J. C. M. C.


"Paravertebral deposition of alcohol has long been used to stop nerve pain caused by malignant growth which is deemed not feasible for removal. Paraplegia occasionally results if the injected material is delivered through the intervertebral foramen into the epidural or subdural space. Lundy has observed twice that during paravertebral anesthesia the needle entered the arachnoid through the intervertebral foramen. In such a case, the escape of the cerebrospinal fluid from the needle gives enough warning to indicate withdrawal. There are other paths by way of which the injected material may be forced into the spinal canal but without the warning of a show of cerebrospinal fluid; that is, if the point of the needle is laid right upon the sheath of the nerve at the entrance of the intervertebral foramen, the anesthetic fluid may pass into the peridural space along the nerve to catch the neighboring spinal roots. Or the point of the needle may chance to be inserted into the nerve through which alcohol is injected into the caudaequina sac. . . .

"Y. C. S. H. . . . a male, aged 33, was admitted on October 5, 1945, because of nerve pain in the anterior and medial aspects of the right thigh and knee for eleven months. A huge and hard mass was found in the right lower abdomen. It was not suitable for excision. Biopsy proved it to be an osteogenic sarcoma, probably from the ilium. Lumbar paravertebral injection of alcohol was used to stop pain. The technic followed that of Labat. . . .

On November 17, 1945, the right D12,