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.


A 56 year old woman suffering from hypertension underwent an operation for the relief of partial intestinal obstruction due to adhesions. The induction and maintenance of anesthesia were with cyclopropane using the endotracheal absorption technique. A moderate amount of ether was administered for 5 minutes following induction. After the operation commenced curare 3 cc. (intocostrin) was administered. Within a three minute period the respirations ceased and artificial respiration was started. The operation consisted of lysis of intestinal adhesions and was finished in 1½ hours. The patient at this time had a good color, the pulse was strong with a rate of 84 and the blood pressure was 160/90. Artificial ventilation was carried out with oxygen for 8 hours. It was necessary to maintain vigorous artificial respiration with pure oxygen to prevent arterial anoxemia.

Some resistance to inflation of the lungs was experienced throughout the entire period of artificial ventilation but at one time it became extremely difficult to inflate the lungs. Bronchial rales were heard on auscultation but no mucus could be aspirated from the trachea. Accordingly 1 cc. of adrenalin was given intravenously. Immediately it became easier to inflate the lungs and the bronchial rales disappeared. But this effect was only transitory and soon again lung inflation required as much force as before the adrenalin.

At autopsy the patient had bilateral pulmonary collapse with no evidence of tracheobronchial obstruction. The history and physical findings did not offer any evidence of myasthenia gravis. No completely satisfactory explanation for the prolonged curarization and the massive pulmonary collapse could be made but it was considered that in some manner they are most likely related to the administration of curare.

R. F.


"Anesthesiology—the study and practice of the art and science of anesthesia in all its forms and all that pertains thereto, began in 1846 as the clinical administration of one agent, by one method for one purpose, the relief of pain. . . . Anesthesia was accepted promptly by physicians the world over, but, in the United States, recognition as a specialty came only after ninety years. . . . During the 1931 Congress of Anesthetists, held in New York, a committee was established to seek a proper means to designate a specialist in anesthesia. After two years of failure of twelve well qualified anesthetists