

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.

TEIXEIRA, JESSE: *Extradural Selective Catherization*. *Medicina Cirurgia Farmacia* 168: 145-154 (April) 1950.

The author, balancing the unreality and risks of extradural anesthesia, against its advantages—especially in thoracic surgery—devised the technic of introducing a ureteral catheter through the sacral hiatus and advancing it through the extradural space. With this technic, called by the author "Extradural Selective Catherization," the tip of the catheter can be placed at the necessary height, according to the area to be anesthetized. It also makes it possible to administer the anesthetic in a continuous form.

The technic is quite safe, since it is almost impossible to perforate the dura mater.

The method was tried in dogs and cadavers, before being applied in two surgical cases, in which thoracic operations were performed. In spite of the good results obtained, the author realizes that only a large number of cases will decide the ultimate value of the method.

After the original article was published, the author sent a letter to the editors, stating: . . . "I wish to modify the statement, which I believed to be true, the technic was entirely original. Since then, it has come to my notice that M. Jack Frumin and Virginia Appgar published in ANESTHESIOLOGY

[Vol. 10, Number 6, 733-735 (Nov.) 1949] an article entitled "Continuous Segmental Epidural Anesthesia with Catheter Via the Caudal Canal: A Preliminary Note" which gives them, without doubt, priority on the subject.

O. V. R

CRISPELL, L. S., AND HAMPTON, L. J.: *Laryngeal Edema Complicating Endotracheal Anesthesia in Children; Case Reports*. *Connecticut M. J.* 14: 98-99 (Feb.) 1950.

"With the great increase during the past few years in the use of endotracheal anesthesia in children, it seemed interesting to review the cases performed in Grace-New Haven Community Hospital (University Service) in the 18 month period beginning October 1947, with particular attention to the most serious complication of the procedure, namely, laryngeal edema necessitating tracheotomy. Of the 337 children who received endotracheal anesthesia during this period, there were two who required tracheotomy, and for both a cerebellar headrest had been used during the initial surgical procedure. . . . Minor degrees of laryngeal dysfunction, with the presenting symptom of hoarseness which continues a few hours after operation, are not uncommon following endotracheal procedures in children. . . . The etiology of this complication is not clear,