

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.

LORBER, J.: *Use of Rectal Thiopentone in Children*. British M. J. 2: 21-22 (July 1) 1950.

"Rectal thiopentone was given on 113 consecutive occasions to 64 children aged from 3 months to 12 years. The dose was 1 g. per 50 lb. of body weight. Complete and satisfactory sedation was obtained for examination of the fundus oculi, encephalography, and other procedures not requiring surgical incision. No local or general toxic effects were observed." A.A.

JOHNSTONE, M.: *Cyclopropane Anaesthesia and Ventricular Arrhythmias*. British Heart J. 12: 239-244 (July) 1950.

"Much attention has recently been focused on the aetiology and control of the cardiac arrhythmias associated with cyclopropane anaesthesia. This gas possesses several advantages over the other anaesthetics in general use, being non-irritant, giving rapid induction, excellent relaxation, quiet respiration and speedy recovery of consciousness. This high incidence of cardiac arrhythmias during cyclopropane anaesthesia remains a very serious disadvantage, particularly for patients with myocardial disease. . . . The bulk of the evidence from animal experiments suggests that the cardiac irregularities are of reflex origin, associated with sympathetic stimulation, and are not due to direct action on the

myocardium or its conducting mechanism. . . . It is generally accepted that either mild degrees of oxygen lack or CO₂ accumulation in the tissues may cause sympathetic stimulation. The object of the present investigation is to ascertain the influence of these two conditions on cardiac rhythm during cyclopropane anaesthesia in man. . . . Ninety patients have been investigated. . . . It has been observed that CO₂ accumulation precipitates ventricular arrhythmias during cyclopropane anaesthesia. The efficient elimination of CO₂ by assisting the respirations prevents the occurrence of ventricular arrhythmias and also abolishes them when present. Ventricular arrhythmias may occur in any patient during cyclopropane anaesthesia provided the CO₂ tension in the circuit is allowed to become sufficiently high." A. A.

HUBBARD, S. T., JR.; SCHNEIDER, G. F., AND KENNEY, L. J.: *High Segmental Spinal Anesthesia; A Preliminary Report*. J. Thoracic Surg. 20: 43-50 (July) 1950.

"One of the most difficult problems confronting the surgeon and anesthesiologist for many years has been the selection and administration of an anesthetic to the patient undergoing surgery for pulmonary tuberculosis. The wide variety of anesthetic techniques suggested by various authors for the performance of thoracoplasties attests