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.


"State and Wangensteen (1946) published results of clinical use of procaine intravenously to combat various types of allergic reactions. . . . State and Wangensteen suggest several possible modes of action of procaine against allergic phenomena: (1) an antihistaminic action, (2) an anticholinergic action, (3) an epinephrine potentiating action, and (4) a direct action on cells, specifically an anesthetizing of pain fibers from muscles and joints. . . . I felt that the previously demonstrated antagonism of procaine to histamine on smooth muscle preparations was perhaps only a musculoskeletal action instead of a specific antihistaminic action and that the observations in vivo deserved further investigation. . . .

"In the present experiments . . . [procaine intravenously] failed to affect the release of histamine by blood cells, and it failed locally to protect the skin from histamine-induced wheals. Locally, it does seem to give some protection from inflammation induced by a primary irritant. It diminishes the histamine-induced contractions of smooth muscle, but only in concentrations phenomenally greater than therapeutic blood levels either of itself or of its hydrolytic products. Significantly, it potentiates an antigen-antibody reaction locally induced in the rabbit’s skin, and intravenously, it potentiates the toxicity of histamine to respiratory function in puppies. The interpretation of these experiments is vague in relation to clinical use of procaine intravenously against allergic phenomena. However, its therapeutic efficacy seems to remain an empirical observation not well supported by experimental pharmacological observations."

A. A.


"The objective of checking bleeding from injured tissues is quite understandably older than any attempt to provide the surgeon with a bloodless field for a planned intervention, and efforts to secure it did not necessarily depend upon a knowledge of the circulation of the blood. . . . However, until the middle of the nineteenth century the tourniquet was merely a constricting band, and sometimes a destructive one at that. In order to provide a field in which the surgeon could operate upon an extremity unhampered by bleeding, in the eighteen-fifties Esmarch introduced his method of forcing the blood out of a limb by the centripetal application of an elastic bandage and the application of a second similar bandage at the root of the limb before the first was removed. . . . An alternative method based on physiological principles deduced from