Summary

The anti-arrhythmic action of DBP was studied by a new method in 6 patients anesthetized with cyclopropane.

The drug raised the threshold infusion rate of epinephrine from a mean of 9.4 to 16.8 μg./minute. The difference was statistically significant at the 1 per cent level.

DBP appears to mediate its effects by producing arterial hypotension. No important α or β blocking properties were observed in the dosage range studied.

The experimental method described would seem safe, and useful for the quantitative study of anti-arrhythmic actions of drugs to be used during anesthesia in man.

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Anesthesia

NEUROLEPTANALGESIA In poor risk patients Innovar 1 ml./10 pounds body weight (fentanyl 0.02 mg., droperidol 1 mg. in a fixed ratio of 50 to 1) was found sufficient to induce and maintain neuroleptanalgesia for several hours. This general dosage schedule was increased or decreased according to anesthetic risk. Besides apnea or marked respiratory depression accompanied by chest wall rigidity, other complications included transient hypotension (82 of 510 cases), extrapyramidal muscular twitching (5 cases), postoperative emesis (4 cases) and six patients with high systolic and diastolic blood pressure upon completion of cardiopulmonary bypass (a distressing side effect that the abstractor has also noted). No deaths were directly connected to anesthesia. The advantages of safety, simplicity, nonexplosiveness, profound analgesia, *relative absence of cardiovascular impairment,* antiemetic and alpha-adrenergic blocking actions, and amnesia are compared to the above mentioned side effects. On considering all factors neuroleptanalgesia is particularly useful and effective in the anesthetic management of the poor risk patient. (*Corssen, G.: Neuroleptanalgesia and Anesthesia: Its Usefulness in Poor-Risk Surgical Cases, South. Med. J. 59: 801 (July) 1966.*)