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Anesthesia

SPINAL HYPERTENSION An elderly male patient, scheduled to have a lower limb amputation, was given a spinal anesthetic accompanied by 50 mg. ephedrine intramuscularly as a prophylactic vasopressor. As the anesthetic level reached T-10, the blood pressure rose from 160 to 340 mm. of mercury systolic, and the patient complained of headache. Treatment with thiopental and meperidine were to no avail, but an infusion of trimetaphan (Arfonad) lowered the systolic pressure to 140 mm. of mercury and relieved the symptoms. It was then learned that the patient had been receiving 100 mg. of nialamide *t.i.d.* the day before surgery, so that the action of ephedrine was unopposed due to monoamine oxidase inhibition. Phenolamine is recommended for treatment of hypertension of this etiology, but trimetaphan is also effective. Monoamine oxidase inhibitors may also interfere with hydrolysis of other drugs such as narcotics and alcohol and thus potentiate their action too, especially producing respiratory depression. (*Clinical Anesthesia Conference: Hypertension Following Use of Monoamine Oxidase Inhibitor, New York J. Med.* 67: 570 (Feb.) 1967.)

AXILLARY BLOCK AND DIALYSIS Heretofore the insertion of arteriovenous shunts using local infiltration has been made difficult by the occurrence of vascular spasm. The changing caliber of the vessels has resulted in leakage and diminished flow at the shunt, necessitating frequent revisions. To obviate these difficulties and to permit more adequate cannulas to be employed, blocking of the brachial plexus was initiated. This technique, using the axillary approach, was undertaken on 30 cases. The resultant vasodilation and analgesia facilitated operation appreciably. Infrared photography and thermographic examination substantiating the clinical findings were done. Axillary block of the brachial plexus is regarded the method of choice for this procedure, providing excellent working conditions for the surgeons with a minimum of risk and discomfort for the patient. (*Urban, J. B., and others: Axillary Block and Dialysis, J.A.M.A.* 199: 889 (March) 1967.)