

ATP depletion have been observed.^{16, 17} Minard and Davis¹⁷ suggested that such rate reductions may not be a primary anesthetic effect but rather secondary to unrecognized reductions in the temperature of these animals during anesthesia. Such an explanation would be in keeping with the observations of the present study. In any case, the discrepancies between findings in the dog and those in mice and rats cannot be dismissed, and may indeed be related to species differences.

References

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Anesthesia

INTUBATION Blind nasotracheal intubation may be performed in patients after induction of anesthesia with thiopental and establishment of complete relaxation with succinylcholine. An assistant compresses the thorax rhythmically, producing audible gushes of air. This makes introduction of the tube into the trachea considerably easier than during spontaneous respiration when only expiration can be heard. In patients with marked swelling of the tongue, a suction catheter is introduced nasotracheally following local anesthesia. General anesthesia is then induced and a nasotracheal tube inserted over the suction catheter, which is then removed. (Porges, P.: *On the Technique of Blind Nasotracheal Intubation, Der Anaesthetist* 18: 340 (Oct.) 1969.)