

gressive increase in pulmonary shunting owing to microatelectasis in the absence of periodic deep breaths or sighs. The preponderance of evidence suggests that this particular train of events does not occur with sufficient frequency to constitute a real problem in the anesthetized patient. Although provision of intermittent deep breaths or sighs may seem beneficial on an intuitive basis, there is little objective evidence to support this practice either during anesthesia or during prolonged artificial ventilation under other circumstances.

Although artificial sighing is apparently innocuous, incorporation of this procedure of doubtful therapeutic value into medical prac-

tice does have disadvantages. The most obvious of these, as Dr. Gold points out, is the incorporation of elaborately programmed sighing mechanisms in many commercially available mechanical ventilators. Such a feature adds to the initial cost of the devices, creates maintenance problems, confuses relatively untrained personnel, and distracts the attention of the physician from other more important aspects of respiratory care.

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Kidney

PENTHRANE AND RENAL FAILURE Among 115 patients who had abdominal or thoracic surgery under methoxyflurane anesthesia, seven received tetracycline hydrochloride immediately before or after the operation. Five of the seven had increasing levels of blood urea nitrogen (BUN) and serum creatinine. Three patients died, and necropsy of the kidneys showed numerous calcium oxalate crystals. The remaining 108 patients either did not receive any antibiotic or received penicillin, streptomycin sulfate, or chloramphenicol. None of these patients had postoperative renal failure or a significant increase in BUN or creatinine level. Forty patients received tetracycline after spinal anesthesia without evidence of renal failure postoperatively. It is likely that methoxyflurane and tetracycline, when administered concurrently, can seriously impair renal function, which may lead to death. (*Kuzucu, E. Y.: Methoxyflurane, Tetracycline, and Renal Failure, J.A.M.A. 211: 1162 (Feb.) 1970.*)