

malignant hyperthermia. Closer examination of these myopathies, particularly those characterized by abnormally low "relaxing factor," might, as suggested, yield information leading to a clearer understanding of the disorder we know as "malignant hyperthermia."

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References

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Paraphernalia

BODY HEAT LOSS IN THE OPERATING ROOM The effects of environmental temperature on esophageal temperature was studied in anesthetized, paralyzed adults undergoing intra-abdominal surgery. All intravenous fluids administered were at room temperature. Two hours after the induction of anesthesia the esophageal temperatures had fallen below 36 C whenever ambient temperature was less than 21 C (70 F). By way of contrast, the temperatures did not fall below 36 C in eight of 11 patients whenever the ambient temperature was 21–24 C (70–75 F). The difference between the esophageal temperature changes in the two groups (those in rooms at 18–21 C vs. those in rooms at 21–24 C) was statistically significant. The type of general anesthesia (whether principally intravenous or inhalation), the site of operation, and the patient's age did not alter significantly the observed effects of ambient temperature on the patient's heat loss. It is recommended that operating-room temperature be maintained between 21 and 24 C (70–75 F). (Morris, R. H.: *Influence of Ambient Temperature on Patient Temperature during Intra-abdominal Surgery*, *Ann. Surg.* 173: 230 (Feb.) 1971.)

ANATOMY OF RIGHT SUBCLAVIAN VEIN A radiographic study of the right subclavian vein was undertaken in 70 adult patients. The left subclavian vein should not be used for percutaneous catheter insertion because of possible injury to the thoracic duct. The relationship between clavicle and vein changed with posture, abduction of the arm, or elevation of the shoulder. Turning the head had no effect, and the Trendelenburg position did not distend the vein. The majority of right subclavian veins examined were found to pass beneath the clavicle at the junction between the inner and middle third of the bone. (Land, R. E.: *Anatomic Relationships of the Right Subclavian Vein*, *Arch. Surg.* 102: 178–180 (Mar.) 1971.)
EDITOR'S COMMENT: Insertion of the catheter is best done with the patient in the Trendelenburg position in order to prevent accidental introduction of air; although the vein does not distend in the head-down position, the hydrostatic pressure within the vessels rises when it is located inferior to the right atrium.