



FIG. 1. Changes in mean arterial blood pressure (MABP) in 100 patients during TURP under spinal anesthesia.

The percentage changes in MABP in individual patients in each group are shown in figure 1. The range of percentage changes in MABP was greatest in the group receiving only 30 ml of fluid and least in the group receiving the combination of 30 mg of mephentermine and 700 ml of fluid. We found no correlation between hypotension and the level of anesthesia. Changes in pulse rate were minimal in all patients.

This experience provides a reliable basis for

administering, routinely, fluids and mephentermine in the prophylactic management of patients having spinal anesthesia for TURP. As with all routines, appropriate modifications should be kept in mind to enable one to respond to the unique requirements of the individual patient. This experience has confirmed for us the need and usefulness of subjecting everyday aspects of clinical practice to the test of a prospective study.

Circulation

SICK-SINUS SYNDROME The sick-sinus syndrome (SSS) consists of a persistent, marked sinus bradycardia with or without associated supraventricular tachyarrhythmia. Its clinical consequences were studied in 56 patients ranging in age from 26 to 92 years. The patients were grouped according to the severity of symptoms and the incidence of complicating episodes of tachycardia. More than half had conduction disturbances on the ECC that included first-degree A-V and bundle-branch block. Drug therapy with belladonna alkaloids and sympathomimetic amines was un-

rewarding in most cases. Electrical pacing was necessary for those patients who had histories of numerous syncopal episodes and those with congestive heart failure in whom digitalis therapy accentuated the bradycardia or heart block. Patients with intermittent bradycardia-tachycardia were usually managed with digitalis to slow the tachyarrhythmia, while electrical pacing was used during the bradycardic episodes. (Rubenstein, J. J., and others: *Clinical Spectrum of the Sick Sinus Syndrome, Circulation* 46: 5-13, 1972.)