


Wright, T. (1826). *The History and Antiquities of the town of Ludlow, and its ancient castle: with lives of the residents, and descriptive and historical accounts of Gentleman's Seats, villages etc.*, 2nd ed. Ludlow: Procter and Jones.

**CORRESPONDENCE**

**CLINICAL INVESTIGATION OF PROLONGED HYPOTENSION IN HEAD AND NECK SURGERY**

Sir,—In their investigation of the deleterious effects of prolonged hypotension, Shumrick, Warner and Caffrey (1970) report very little which would contraindicate its use. Their records, however, give the impression that there was remarkably little advantage either, and indeed as the only death was in the hypotensive series, the balance of evidence as they present it would seem to be against its use.

In radical operations the benefits of hypotension should be a negligible blood loss and an easier, swifter operation—mainly surgical advantages indirectly benefiting the patient. In my experience it is quite unrealistic to use a hypotensive technique unless these objects can be attained, or there is at least a reasonable chance of doing so. Good surgical technique skilful enough to match the high standards of hypotensive anaesthesia is essential if any real advantages are to accrue to the patient.

G. E. HALE ENDERBY

**REFERENCE**


Sir,—During our studies of prolonged hypotension we believed that "good surgical technique skilful enough to match the high standards of hypotensive anaesthesia" were applied to all cases, normotensive as well as hypotensive. While our data indicated no substantial saving in surgical time, it does not rule out the possibility that hypotensive anaesthesia under other circumstances may indeed save time. As pointed out in our paper, surgery was performed by various surgeons and surgical procedures were not precisely matched in all instances; these factors make it impossible to attach much significance to the data dealing with length of surgery. Our intent was to study physiologic effects of hypotensive anaesthesia, and not possible savings in time or blood transfusions.

WILLIS A. WARNER

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**BOOK REVIEW**


This fascinating symposium is about the methodology of gas chromatography and about its applications. It will be of interest mainly to those who use gas chromatography in their clinical research or plan to do so.

Five contributors deal with the design of columns and detectors and with the development of highly specific analytical systems. These depend upon the combination of gas-liquid chromatography with infrared spectroscopy or mass spectrometry.

Three contributors describe the analysis of physiological gases in samples of expired air, alveolar air or blood, and another contributor describes the determination of volatile organic anaesthetics. One of the discussions considers the practicability and potential value of continuous monitoring of the composition of the expired air during surgical anaesthesia.

The application of gas chromatography to forensic toxicology and to the analysis of tissue residues after aircraft accidents demonstrates the special problems involved in the identification and measurement of submicrogram amounts of toxic compounds.

G. E. Mower