
"Although adrenaline infiltration during halothane anaesthesia has not definitely been proved to be a dangerous practice, suspicion has been cast upon this combination. . . . We report here two cases of cardiac arrest following the use of these two agents together. . . . The evidence to date makes it certain that if a sufficient amount of injected adrenaline is absorbed during halothane anaesthesia a danger of cardiac arrest exists."


"Chlorpromazine is the result of one of those fateful accidents which have had a profound influence on the history of medicine. Developed a decade ago, it is unlikely that at the time anyone had a presentiment of the impact this drug would have on medicine, especially psychiatry. Yet 10 years later it can be recorded that chlorpromazine has been prescribed for an estimated 50 million patients, that it has been the subject of or mentioned in more than 10,000 scientific publications, and that most physicians in the world have had occasion to use it as either an antiemetic, a potentiator of other drugs, or a calming agent. . . . On the basis of 10 years of world-wide clinical experience with chlorpromazine given to millions of patients it can be forthrightly stated that this psychopharmaceutical drug has passed the test of time. Chlorpromazine is a safe and effective drug which has played a fundamental role in the advancement of chemical treatment of mental illness. Although this compound is capable of eliciting a variety of pharmacologic and allergic responses, the risk of the latter is much less than formerly supposed."


"A double-blind study comparing 1 per cent Methohexital Sodium with 2 per cent Thiopental Sodium during general anesthesia for outpatients was performed at the College of Dentistry, The Ohio State University, Columbus, Ohio. . . . Anesthesia was provided for 150 multiple extraction operations on healthy adults. Each agent was administered for seventy-five patients. . . ."

"The potency of methohexital, determined by induction dosage requirement, was approximately twice that of thiopental during this double-blind study. Methohexital was metabolized more rapidly than thiopental. . . . Patients receiving methohexital exhibited a quicker return of the pharyngeal reflexes following Stage III,
Plane II anesthesia. This reflex time was not greatly influenced by duration of anesthesia. The Waking Time (return to consciousness following anesthesia) was significantly less for methohexital patients under the conditions of this study.

“No serious, prolonged periods of apnea were encountered throughout this study with either barbiturate. Cardiovascular changes for both groups were minor and quite similar. However, there was a tendency for methohexital to maintain diastolic pressure slightly higher than thiopental during induction. Ambulatory time was shortened considerably in the methohexital group. The net savings in ambulatory time was increasingly larger as duration of anesthesia increased.”


“Most anesthesiologists are in agreement that for the safe conduct of elective surgical and anesthetic procedures the discontinuance of certain antihypertensive and tranquilizer drugs is advisable prior to elective surgery. However, there is considerable difference of opinion concerning the proper duration of drug withdrawal. ... If certain postoperative conditions exist there might be delayed consequences of earlier antihypertensive treatment. ... Depressed catechol amine levels and intracellular and extra-cellular electrolyte imbalance may markedly diminish a patient’s ability to respond to the stress of anesthesia and surgery. ... Such a situation may be corrected by early electrolyte replacement and supportive therapy with the proper corticosteroid.”

"So far as the present authors know, no studies regarding a possible action of succinylcholine upon the renal function have been performed. This circumstance suggested an analysis of a possible effect by the agent on the renal circulatory mechanism. . . . None of the five voluntary subjects being investigated presented any symptomatic or clinical evidence of renal disease. . . . The glomerular filtration rate ($\text{GFR}$) and renal blood flow ($\text{RBF}$) decreased under the action of standard apnoeic doses of succinylcholine. The kidneys seem to react to the agent in another way than do, for example, the skin, the striated muscles and the intestine, in which tissues an increase in the peripheral blood flow was recorded under similar conditions."


"Methoxyflurane (Penthrane-Abbott) is the most recent of the inhalational anaesthetics. It is a fluorinated ethyl methyl ether of low toxicity. . . . Five hundred surgical cases anaesthetized with methoxyflurane . . . represent a reasonable cross section of the work done in a small general hospital. The age range was from six months to ninety-four years. . . . Methoxyflurane was used in the ether bottle of a Boyle's machine, and in 4 per cent and 10 per cent Fluotec vaporizers. Administration with all three was satisfactory, although the 4 per cent vaporizer was used only in the very young and very old. . . .

"Methoxyflurane . . . was found to be a useful agent in intra-abdominal surgery, particularly in the obese. The dosage of relaxant drugs could be considerably reduced, so that respiratory inadequacy postoperatively was minimized. Anticholinesterases were seldom necessary. Postoperative respiratory complications were rare, and the incidence of nausea and vomiting was considered somewhat between that of ether and that of cyclopropane.

"Postoperative analgesia was unpredictable, but valuable when it did occur. In 70 tonsillectomy and adenoidectomy cases, restlessness was significantly diminished postoperatively. Care and patience are prerequisites for good results in these cases. Muscular relaxation, preoperative analgesia, nonexplosiveness, and probable compatibility with epinephrine are valuable properties of this drug. Doubt is expressed as to the compatibility of methoxyflurane and epinephrine in children. Although cardiac rate, rhythm, and blood pressure are usually stable, methoxyflurane is a potential hypotensive (a) in deep anaesthesia, (b) in geriatric patients, and (c) during controlled ventilation."


"Mechanical ventilators are used widely today in the treatment of respiratory insufficiency. All of these machines, in essence, inflate the patient's lungs with air or oxygen, via a tracheostomy tube, thus by-passing the normal physiological filter mechanisms of the upper respiratory tract. . . . One of the main problems in the management of these patients is that they almost invariably develop respiratory tract infections. . . .
"A major source of infection . . . is the respirator itself or the inspired air. As it is now possible to sterilize ventilators easily, using ethylene oxide . . . one of these two sources of infection can be eliminated. It would, therefore, be highly desirable if the inspired air could be made sterile. . . .

Normally airborne infection is not spread by individual bacteria, but by clumps of organisms carried in dust particles or droplets. These are of the order of 5 microns or more in diameter. . . . An absolute filter which readily removed particles as small as 0.5 micron in diameter will, therefore, easily remove all the bacteria from an airstream passing through it. The 'Glove Box' filter manufactured by Messrs. Vokes Ltd. is such a filter. It is easily adapted to most respirators by connecting it to the air inlet port. . . .

"This study shows that airborne organisms can easily be removed from the inspired air of patients undergoing intermittent positive pressure respiration, by using an absolute filter. The advantages of sterilizing the air used, in patients in whom the normal physiological defence mechanisms of the upper respiratory tract is by-passed with a tracheostomy tube, cannot be overemphasized. The universal adoption of such a filter mechanism is unreservedly recommended for all respirators."


"Reserpine, guanethidine sulfate, and some tranquilizers are known to modify the neuroeffector action of levarterenol bitartrate in animals. This fact and clinical experience have led anesthesiologists to recommend that elective operations be postponed until 2 or 3 weeks after therapy with these drugs has been discontinued. Recently Crandell introduced the 'ephedrine response test' to more accurately predict the time when patients receiving reserpine would be suitable candidates for elective operation. This report presents our clinical findings concerning this test when used as a screening test to predict the occurrence of hypotension during anesthesia in patients receiving known or unknown antihypertensive or tranquilizing drugs. . . .

"From approximately 3,500 inductions of anesthesia, 42 patients were obtained who met the criteria for performance of the ephedrine test. . . . To further evaluate the ephedrine test, ten patients attending the hospital's hypertensive clinic and receiving treatment with reserpine were tested. In addition, ten normal individuals were tested to determine the BP and pulse rate response to 5 mg of ephedrine. . . .

"This study indicated that patients receiving known or unknown antihypertensive or tranquilizing drugs have a significantly higher incidence of hypotension during anesthesia. The need for a preoperative screening test such as the ephedrine test is obvious. However, in one of two patients the negative ephedrine test response was a false negative, so that the ephedrine test cannot be considered a reliable test for screening purposes. . . . Further, 19% of the patients with positive ephedrine test response became hypotensive."
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