
"With the observation in our laboratory that certain antihistaminic and ataractic (tranquilizer) drugs apparently exert a stabilizing or 'tranquilizing' effect on the heart, and in view of reports in the literature suggesting clinical usefulness of certain ataractic drugs in cardiac arrhythmias, this study was begun to see if the ataractic drugs could convert ventricular fibrillation into a normal sinus rhythm. Subsequently questions were raised regarding the possible effects of these drugs on the normally beating heart, and if any protection might be afforded against the occurrence of ventricular fibrillation. . . . An isolated canine heart, biologically supported by a donor dog, was utilized as the preparation for study. . . .

"This report concerns forty-two experiments which were performed after the techniques and protocol were standardized. The following drugs have been studied: hydroxyzine (Atarax) in 15 experiments, prochlorperazine (Compazine) in 4, promethazine (Phenergan) in 2, reserpine (Serpsil) in 1, promazine (Sparine) in 1, trifluoperazine (Stelazine) in 8, chlorpromazine (Thorazine) in 2, perphenazine (Trilafon) in 5, and, for comparison, quinidine. . . .

"Under conditions of these experiments, employing the biologically supported isolated canine heart preparation, infusion of an ataractic drug into the coronary circulation is capable of converting ventricular fibrillation into a normal sinus rhythm. In the majority of instances, residual protection follows the administration of an ataractic drug against the artificial production of ventricular fibrillation by repeated low-voltage shocks. These drugs are quite similar to quinidine in the direct effect on the rhythm of the canine heart."


"It is the purpose of this paper to describe clinical experiences with this agent as the principal anesthetic agent for 500 surgical procedures. . . . Fluothane can be given with a wide variety of other agents and can be administered in many ways. . . . The usual preoperative medication for these patients was 50 mg. to 100 mg. of meperidine, or a comparable dose of morphine, and either atropine or scopolamine given one-half to one hour preceding induction of anesthesia. . . . Maintenance of a constant plane of anesthesia requires considerable attention and care as the potency of Fluothane is such that changes in depth of anesthesia can occur with great rapidity. . . .

"In our hands one of the main drawbacks of Fluothane proved to be
hypotension during induction. There were two cardiac arrests in this series and no fatalities. Fluothane is a potent respiratory depressant particularly in deeper planes of anesthesia. We have been impressed clinically with the ease with which Fluothane is tolerated by the asthmatic. Good muscle relaxation even for upper abdominal operations can be obtained with Fluothane alone. However, as the degree of relaxation appears to vary with the depth of anesthesia, sufficient depth necessary for production of relaxation, especially in upper abdominal surgery, usually is accompanied by a pronounced fall in blood pressure as well as respiratory depression. We have been impressed with the lack of secretions in patients receiving Fluothane and have felt that these patients usually awaken more rapidly than comparable cases anesthetized by conventional agents.”


"Chloroprocaine (Nesacaine) . . . is procaine with an atom of chlorine substituted on the second carbon of the benzene ring of the molecule. We investigated chloroprocaine on the recommendation of Foldes, and we are now convinced of its excellent properties. We have used it in 2,000 cases of epidural block and have had only one reaction manifested by a convulsion following injection of the solution. The convulsion was easily controlled by a small amount of thiobarbiturate. Chloroprocaine is at present the best agent we have used."

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"Occasional perforation of the dura is a well-recognized possibility following the insertion of a needle into the caudal canal. Perforation of the dura by a plastic catheter passed through a needle in the caudal canal is rare. . . .

"A 60-year-old man was admitted for elective repair of bilateral inguinal hernia. . . . An 18-gauge thin-walled caudal needle was inserted into the caudal canal without difficulty. After aspiration to ascertain that the point of the needle was neither in a blood vessel nor in the subarachnoid space, a test dose of 4 cc. of 1% lidocaine (Xylocaine) hydrochloride U.S.P. was injected. No evidence of spinal anesthesia resulted from the test dose, and a plastic catheter was introduced through the needle to a point 4 cm. beyond the end of the needle. The end of the catheter was blunt. After the catheter was secured, 10 cc. of 1% lidocaine hydrochloride was injected. Profound anesthesia up to the umbilicus developed in less than one minute. . . .

"Thirty minutes after the first dose, an additional 10 cc. of lidocaine hydrochloride was given. Immediately after the second dose, the blood pressure fell to 90/60, and the patient became cyanotic. Because of the patient's impaired cardiac status, this level of blood pressure was considered inadequate. The patient promptly responded to treatment. . . .

"After operation, clear fluid was noted to be accumulating in the syringe attached to the catheter. This was believed to be spinal fluid, and the finding of 10 mg. % protein in the fluid tended to verify this belief. To identify the location of the catheter more accurately, 1 cc. of iophendylate (Pantopaque) was injected through it under fluoroscopy. The dye was noticed to move freely in the spinal fluid. This finding confirmed the impression that the catheter was in the subarachnoid space. The patient's postoperative course was entirely uneventful."


"The problem of cardiac arrest plagues hospitals throughout the country. It has been estimated that there are 10,000 cases a year in the United States. . . . Survival depends on whether the heart can be restarted and whether death from cerebral anoxia can be avoided. . . . In combining the figures for normal and for abnormal hearts, we should anticipate an over-all survival rate of at least 60%. . . . Why, then, is the national survival rate only 30%? The answer undoubtedly is delay in treatment or lack of treatment. . . .

"On the basis of our experience, we find that cardiac monitor-alarms used on all anesthetized patients are a great asset in the prevention and treatment of cardiac arrest. They allow us to recognize and treat arrhythmias as soon as they occur and alert us to the fact that arrest may be impending. Even in the absence of premonitory signs, when cardiac arrest occurs, we are made aware of it unequivocally and at once, and thus gain time — the most important ingredient of successful therapy."