

Cardio-pulmonary function during ether/air/relaxant anaesthesia

A comparison with nitrous oxide/oxygen anaesthesia

**J. G. ROBERTS, C. PRYS-ROBERTS, M. A. MOORE AND
A. N. L. FRAZER**

Diethyl-ether is a cheap anaesthetic agent which has over more than a century earned a reputation for safety second to no other agent. Its use is not known to be complicated by cellular or metabolic toxicity, as described for some of the more recently introduced halogenated hydrocarbons and ethers. Vapourised in air, ether is widely and safely used in countries where for economic reasons other anaesthetic agents are unobtainable. Yet despite its dedicated advocates,¹⁻⁴ most of whom have preceded us at Oxford, ether/air anaesthesia has been largely neglected in other sophisticated centres.

Perhaps the main argument against the use of air as the carrier gas for volatile anaesthetic agents is that arterial oxygenation may be compromised. While it cannot be denied that oxygen enriched inspired gas mixtures ensure higher arterial PO_2 levels than would be expected in the conscious patient breathing air, there is ample evidence that during anaesthesia, where the patient is artificially ventilated with ether vapourised in air, P_{aO_2} levels have been shown to be comparable to normal awake values.^{2,4,5} To those with clinical experience of the technique using 3% ether vapourised in air combined with a muscle relaxant and with passive hyperventilation, the picture of a pink, apparently well perfused patient often contrasts sharply with the pale vasoconstricted appearance of many patients anaesthetised with nitrous oxide, oxygen and relaxants.

In an attempt to determine whether oxygenation is impaired during ether/air anaesthesia, we have compared sequentially in the same paralysed patient during constant volume hyperventilation the effects of 3% ether in air with those of nitrous oxide in 30% oxygen, on the pulmonary gas exchanges, cardiovascular function and oxygen transport.

Methods

Eleven women, aged between 21 and 54 years, were studied during anaesthesia before J. G. Roberts, MB, BS, FFARCS, Lecturer, C. Prys-Roberts, MA, MB, BS, PhD, FFARCS, First Assistant, Nuffield Department of Anaesthetics, University of Oxford, M. A. Moore, BA, St Hugh's College, Oxford, A. N. L. Frazer, BA, Brasenose College, Oxford. (M. A. Moore and A. N. L. Frazer are reading for the Honour School of Physiological Sciences, University of Oxford.) A summary of this paper was presented at the 1972 Annual Scientific Meeting of the Association of Anaesthetists of Great Britain and Ireland.

Measurement In Anaesthesia 1974

Jerry A. Dorsch, Susan E. Dorsch



Measurement In Anaesthesia 1974:

Anesthesia and Analgesia in Laboratory Animals Richard Fish, Peggy J. Danneman, Marilyn Brown, Alicia Karas, 2011-04-28 Anesthesia and Analgesia in Laboratory Animals focuses on the special anesthetic analgesic and postoperative care requirements associated with experimental surgery Fully revised and updated this new edition provides the reader with agents methods and techniques for anesthesia and analgesia that ensure humane and successful procedural outcomes Provides researchers with the most comprehensive and up to date review of the use of anesthesia and analgesia in laboratory animals Thoroughly updated with new material on ferrets birds reptiles amphibians fish and invertebrates Includes hot topic areas such as pain research ethical issues legal issues and imaging studies *Cardiovascular Measurement in Anaesthesiology* C. Prys-Roberts, M. D. Vickers, 2012-12-06 **Computing in Anesthesia and Intensive Care** Omar Prakash, 2012-12-06 There is a tendency of an increasing number of signals and derived variables to be incorporated in the monitoring of patients during anesthesia and in intensive care units The addition of new signals hardly ever leads to the deletion of other signals This is probably based on a feeling of insecurity We must realize that each new signal that is being monitored brings along its cost in terms of risk to the patient investment and time It is therefore essential to assess the relative contribution of this new signal to the quality of the monitoring process i e given the set of signals already in use what is the improvement when a new signal is added Beyond a certain point the addition of new information leads to new uncertainty and degrades the result Ream 1981 In the diagnostic process it is possible to evaluate result in an objective qualitative way The changes in the sensitivity and specificity of the diagnosis as a result of the addition or deletion of a certain variable can be calculated on the basis of false negative false positive correct negative and false negative scores Different methods for multiple regression analysis have been implemented on computers Gelsema 1981 which can support such decision processes In monitoring the situation is much more complex Many definitions of monitoring have been given the common denominator is that monitoring is a continuous diagnostic process based upon a semi continuous flow of information This makes simple assessment methods useless *A Practice of Anaesthesia* William Derek Wylie, 1978 Cumulated Index Medicus , 1975 *Trauma* William C. Wilson, Christopher M. Grande, David B. Hoyt, 2007-02-05 Compiled by internationally recognized experts in trauma critical care this set discusses the entire gamut of critical care management of the trauma patient Current Catalog National Library of Medicine (U.S.), 1979 First multi year cumulation covers six years 1965 70 National Union Catalog , 1973 Includes entries for maps and atlases **Anaesthesia Z.** Lett, 1984-01-01 This recent publication is a unique contribution to the history of specialized medicine in Hong Kong Written by two of Hong Kong's foremost practitioners and teachers of anaesthesiology the work details the history of this specialty in Hong Kong including early pioneers the development of the Society of Anaesthetists the teaching of anaesthesiology at undergraduate and postgraduate levels the establishment of the Hong Kong College of Anaesthesiologists and recent

developments in clinical anaesthesiology A wide range of appendices including lists of successive office holders of the specialist societies lists of scientific meetings relating to anaesthesiology held in Hong Kong and over 30 pages of plates featuring prominent personages in the field of anaesthesiology ensure that this will remain a landmark volume in recording the development of anaesthesiology in Hong Kong **National Library of Medicine Current Catalog** National Library of Medicine (U.S.),1971 Animal and Human Calorimetry J. A. McLean,G. Tobin,2007-12-03 This volume provides a comprehensive survey of the theory practice and techniques of calorimetry as applied to the study of energy metabolism in humans and animals Calorimetry is used to estimate nutritional requirements of man and farm livestock and to evaluate different foods It is also a powerful tool used in research into fundamental nutritional and physiological life processes and in the evaluation of stresses imposed by abnormal or severe environments It is currently being applied in various branches of medical research and can be used as a diagnostic tool in hospitals for investigation of metabolic disorders The authors discuss both direct calorimetry which measures heat loss directly and indirect calorimetry where heat loss is inferred by measurement of some of the chemical byproducts of metabolism In addition guidance is provided to the instrumentation technical problems and precautions necessary to obtain accurate calorimetric measurements **Monthly Catalog of United States Government Publications** ,1971 Monthly Catalog of United States Government Publications, Cumulative Index United States. Superintendent of Documents,1976 Physics Applied to Anaesthesia Dennis Walter Hill,1976 **Anesthesia Equipment** Jan Ehrenwerth, MD,James B. Eisenkraft,James M Berry, MD,2013-04-01 Anesthesia Equipment Principles and Applications 2nd Edition by Dr Jan Ehrenwerth and Dr James B Eisenkraft offers expert highly visual practical guidance on the full range of delivery systems and technology used in practice today It equips you with the objective informed answers you need to ensure optimal patient safety This is a comprehensive up to date reference textbook covering all aspects of physics and equipment for the modern American anaesthetist It may be helpful to those studying for American fellowship examinations but is not suited to preparation for the UK FRCA examinations Reviewed by I Wrench on behalf of the British Journal of Anaesthesia Feb 2014 Make informed decisions by expanding your understanding of the physical principles of equipment the rationale for its use delivery systems for inhalational anesthesia systems monitoring hazards and safety features maintenance and quality assurance special situations equipment for non routine adult anesthesia and future directions for the field Ensure patient safety with detailed advice on risk management and medicolegal implications of equipment use Apply the most complete and up to date information available on machines vaporizers ventilators breathing systems vigilance ergonomics and simulation Visualize the safe and effective use of equipment thanks to hundreds of full color line drawings and photographs Access the complete text and images online fully searchable at www.expertconsult.com Understanding Anesthesia Equipment Jerry A. Dorsch,Susan E. Dorsch,1984 Collection of foreign veterinary medical theses and dissertations ,1925 **Irwin and Rippe's Intensive Care Medicine** Richard S. Irwin,James

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 - The Rise of Digital Reading Measurement In Anaesthesia 1974
 - Advantages of eBooks Over Traditional Books
2. Identifying Measurement In Anaesthesia 1974
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Measurement In Anaesthesia 1974
 - User-Friendly Interface
4. Exploring eBook Recommendations from Measurement In Anaesthesia 1974
 - Personalized Recommendations
 - Measurement In Anaesthesia 1974 User Reviews and Ratings
 - Measurement In Anaesthesia 1974 and Bestseller Lists
5. Accessing Measurement In Anaesthesia 1974 Free and Paid eBooks

- Measurement In Anaesthesia 1974 Public Domain eBooks
- Measurement In Anaesthesia 1974 eBook Subscription Services
- Measurement In Anaesthesia 1974 Budget-Friendly Options
- 6. Navigating Measurement In Anaesthesia 1974 eBook Formats
 - ePub, PDF, MOBI, and More
 - Measurement In Anaesthesia 1974 Compatibility with Devices
 - Measurement In Anaesthesia 1974 Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Measurement In Anaesthesia 1974
 - Highlighting and Note-Taking Measurement In Anaesthesia 1974
 - Interactive Elements Measurement In Anaesthesia 1974
- 8. Staying Engaged with Measurement In Anaesthesia 1974
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Measurement In Anaesthesia 1974
- 9. Balancing eBooks and Physical Books Measurement In Anaesthesia 1974
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Measurement In Anaesthesia 1974
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Measurement In Anaesthesia 1974
 - Setting Reading Goals Measurement In Anaesthesia 1974
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Measurement In Anaesthesia 1974
 - Fact-Checking eBook Content of Measurement In Anaesthesia 1974
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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