

A N Æ S T H E S I A

place for epidural analgesia in the treatment of hypertension due to toxæmia of pregnancy, even in the absence of convulsions. I should add that our local obstetrical colleagues are quick off the mark when symptoms of toxæmia manifest themselves, and the fact that we are called in only infrequently is testimony to the success of their treatment by sedation.

Yours faithfully,

R. R. MACINTOSH.

AN INDICATION FOR NIKETHAMIDE

THE EDITOR, "*Anæsthesia*".

SIR,

It is generally conceded that nikethamide (Coramine, Anacardone) has little if any place in the armamentarium of the anæsthetist. When, as so often is the case, the drug is used in the presence of a depressed or hypoxic respiratory centre, it will whip this centre into a short burst of activity; the depression which follows is often more pronounced however and far more dangerous than the original state.

However, we have in recent months used nikethamide for one purpose in which its use seems to us legitimate, but which we have not seen described in the literature. Having never known the drug to fail under the circumstances to be described, we feel confident in passing our observation on to your readers.

Not infrequently after prolonged controlled respiration has been maintained, one experiences delay in the re-establishment of spontaneous respiration. This is presumably due to over-utilisation of the Hering-Breuer reflex. As spontaneous respirations fail to return, one is compelled to keep breathing for the patient, thus further delaying the onset of spontaneous respiration. Under these circumstances, 3-5 c.c. of nikethamide administered intravenously will cause the almost immediate resumption of respiration on the part of the patient; once this has been achieved, apnea does not recur.

We should like to stress that we consider this the only indication for nikethamide in anæsthesia practice. Here we do of course not deal with a depressed or hypoxic centre, but rather with a reflex phenomenon. All that the respiratory centres need is the initial stimulus to resume activity, and this stimulus is provided by nikethamide, partly through a direct action on the medullary centres, but to a larger extent reflexly via the carotid bodies. As only one stimulus is needed, the rather fleeting action of nikethamide is now turned to advantage.

Yours faithfully,

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