

Selected Abstracts

Asthma

UNDER THE DIRECTION OF SAMUEL M. FEINBERG, M.D., CHICAGO

Intramuscular Injections of Ether in Treatment of Bronchial Asthma. Gurevitch, E. Y.: *Klin. Med.* 13: 1554, 1935.

The author treated 80 patients having typical bronchial asthma with injections of ether. Gradually increasing doses of pure ether were injected into the upper outer quadrant of the gluteus muscle. The first three injections were given daily, the next three every third or fourth day and the last two every fourth or fifth day. In the patients having acute attacks or in those with status asthmaticus a marked improvement was frequently noticed after the first injection. Of 48 patients with acute attacks one injection stopped the attack in 25 cases; general improvement was noticed in 15 cases and failure in 8 cases. Of the 32 with status asthmaticus 25 benefited greatly by this treatment.

Even in patients with long standing asthma with secondary bronchitis and emphysema the results were very encouraging: the sputum became more liquefied and easier to expectorate; dyspnea subsided, and the bronchitis cleared. The author hesitates to say much about permanency of cures. Those who were observed remained well six to twelve months after treatment. Even in those who had a relapse the recurrent attacks were lighter and of shorter duration.

Endotracheal Treatment of Bronchial Asthma. Yaroslavsky, V.: *Sovet. vrach. gaz.*, p. 1675, Nov. 15, 1935.

In 1911 Ephraim published a method of endotracheal treatment of asthma, claiming complete and permanent cure in 47 cases out of 52. Yaroslavsky modified this technic by employing a special laryngeal syringe instead of a bronchoscope tube. The larynx, the pharynx, the root of the tongue, the epiglottis, and the vocal opening are thoroughly anesthetized with the following solution: cocaine hydrochloride 1.25 gm.; adrenalin 1:1,000, 1.25 c.c.; potassium sulphate, 2 per cent, 5 c.c.; phenol 1.2 per cent, to volume of 25 c.c. Then 1 c.c. to 2 c.c. of the above solution which has been diluted five times with 0.5 per cent phenol is injected into the trachea. The patient is then seated on a chair and advised to lean sidewise against the back of another chair placed under his right axilla and to breathe quietly. In this position half the medicinal solution (5 c.c. to 10 c.c.) is injected with the laryngeal syringe. Then the patient's position is changed to the left side, and the balance is injected. The patient is then put to bed and advised to desist from coughing. The medicinal solution consists of novocaine, 0.2 gm.; adrenalin (1:1,000) 1.0 c.c.; physiologic NaCl, 9.0 c.c. The dose of novocaine is gradually increased to 0.5 gm.

The treatments are given at intervals of one to four weeks, from three to ten times. The author claims very good results by this method.