Introduction

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THE first attempts by anaesthetists to control blood pressure during surgical operations took place almost 25 years ago. At that time they were only partially successful but deliberate hypotension had arrived and its advantages in certain operations were keenly appreciated. Little was then understood concerning the physiological background of hypotension or of the changes induced by low blood pressure in essential organs such as the heart, brain and kidney. In the years since a greater understanding has been achieved, and slowly a technique has been evolved which today enables deliberate hypotension to be induced successfully and safely in the vast majority of patients for whom it is indicated.

The quarter-century seemed a suitable occasion on which to review the progress to date—particularly as there are now many ways whereby hypotension can be induced. For this reason a Symposium was held at the Queen Victoria Hospital, East Grinstead,

in April 1973, in which the physiological and pharmacological background was discussed by experts and present day techniques were presented by those experienced in pharmacological blockade and the use of sodium nitroprusside—the latest, and some would claim the ‘enfant terrible’ of hypotension.

The work of this symposium was recorded and is now presented in this edition of the *Postgraduate Medical Journal* with the exception of the paper on ‘Deep halothane anaesthesia’, a contribution which was based on work which has been published elsewhere*.

It is also a pleasure to record the financial help and interest of I.C.I. in this publication.

* Prys Roberts, C. *et al.* (1974) Deliberate profound hypotension induced with halothane. *British Journal of Anaesthesia*, **46**, 105.