CONCLUSION
After carefully analysing the observations made on 116 patients, undergoing major operations anaesthetised with classic and modified methods of neuroleptanaesthesia, following conclusions are drawn:

1. Neuroleptanaesthesia is a safe technique in patients of all age group undergoing major surgery.

2. Induction is smooth although induction time is more than the other conventional intravenous anaesthetic techniques.

3. Fentanyl though a potent analgesic has got a shorter duration of action than Pentazocine therefore frequent repeated doses of Fentanyl has to be given for surgery of longer duration not so with Pentazocine.

4. A relatively higher doses are probably required in alcoholics and patient indulged in other intoxicants for the production of smooth induction.

5. Cardiovascular stability is well maintained during surgery particularly after induction has been completed with Droperidol and Fentanyl as well as with Droperidol and Pentazocine.

6. Droperidol produces an insignificant rise in pulse rate and fall in systolic and diastolic blood pressure.
7. Fentanyl produces an insignificant rise in pulse rate, and systolic blood pressure, but minimal fall in diastolic blood pressure.

8. Patients with hypotensive episode during surgery due to excessive blood loss showed good peripheral perfusion due to alpha-adrenergic effect of Droperidol thereby delaying irreversibility of shock.

9. Pentazocine helps in countering the rise in pulse rate caused by Droperidol. It also elevates the systolic and diastolic blood pressure though insignificantly.

10. Electrocardiographic tracing shows normal sinus rhythm even in cases where local adrenaline infiltration is used to obtain hemostasis.

11. Droperidol has got insignificant depressive effect on respiration.

12. Both Fentanyl and Pentazocine produces a highly significant fall in respiratory frequency, tidal volume and minute volume, though it is less marked but persist longer with Pentazocine than with Fentanyl.

13. Respiratory depression due to Fentanyl and Pentazocine remaining at the termination of anaesthesia is easily reversed by low doses of Nalorphine and Dexamfetamine respectively.
14. Chest wall rigidity seen with Fentanyl responds well to the injection of succinylcholine chloride.

15. Pentazocine does not produce any chest wall rigidity seen frequently with Fentanyl.

16. Fentanyl is also notorious in producing apnoea which is not seen with Pentazocine.

17. Recovery from neuroleptanaesthesia is rapid, patients are able to respond to simple questions. The patients are tranquil and co-operative in the recovery room. Postoperative analgesia also stays for considerably long time.

18. Droperidol has got excellent antiemetic effect.

19. There are higher incidence of awareness during Droperidol, Pentazocine anaesthesia.

20. A small dose of Pentazocine at the end of operation reverses the respiratory depressant effects of Fentanyl while at the same time provides analgesia for much longer duration in postoperative period - a method of 'sequential anaesthesia'.

To conclude, modified method using Droperidol and Pentazocine, is better than Fentanyl group in terms of better cardiovascular stability during surgery, absence of severe respiratory depression, apnoea and ventilatory difficulty, rapid recovery from anaesthesia, longer duration of post operative analgesia, but higher incidence of awareness is a big draw back of this technique,