"Pituitrin may produce reactions of three types: anaphylactic, cardiac, or respiratory. The first is not particularly dangerous, especially when not in conjunction with cyclopropane anesthesia, and the recovery from the shocklike symptoms with urticaria, itching, and angioneurotic edema is rapid upon the administration of a few minims of adrenalin. Pituitrin shock due to the action of the pressor fraction on the heart is attributed to coronary constriction followed by myocardial anoxia, dilatation of the heart, decrease in cardiac output, and fall in blood pressure, with sometimes a fatal outcome. The respiratory reactions are signified by bronchoconstriction of varying degree, simulating an asthmatic attack. Pituitrin is marketed in two forms, which vary only in strength, obstetrical pituitrin having 10 units per cc., and the surgical form 20 units per cc. It has been broken up into its fractions, and is obtainable as 'pitocin,' containing the oxytocic fraction with a very small amount of the pressor fraction, and 'pitressin,' which is almost purely the pressor fraction with only slight contamination by the oxytocic fraction. Pitocin, rather than pituitrin, is then evidently the drug of choice in obstetrics. The combined use of cyclopropane and pituitrin is fraught with danger since they are both parasympathetic stimulants. In the circulatory system they have a synergistic tendency toward the production of hypertension and/or cardiac arrhythmias. From the parasympathetic stimulation of the respiratory tract they may produce laryngospasm, crowing, stridor, or bronchoconstriction, which may range from asthmatic wheezing to massive collapse of the lungs. The bradycardia often seen may be due to vagal stimulation, direct myocardial action, or intense coronary constriction. . . .

"Although pituitrin has been used in connection with cyclopropane in many cases where no untoward reactions were noted, this does not absolve the combination of blame. . . . Greene has recommended adding ether to the anesthetic mixture if pituitrin is to be used, depending upon the sympathetic action of the ether to counteract the parasympathetic effects of the pituitrin and cyclopropane. . . . Pitocin, the oxytocic fraction of pituitrin, is just as good in causing uterine contraction without any of the side effects of pituitrin, and in many obstetric clinics has supplanted it. Ergonovine in any of its forms is an excellent and rapidly acting oxytocic and can be used for this purpose instead of pituitrin. By using either of these alternatives, an extremely unfortunate accident can be avoided." 5 references.

J. C. M. C.

CALVERT, WALTER: *Trichlorethylene and Midwifery.* J. Obst. & Gynec. Brit. Emp. **51**: 140–143 (Apr.) 1944.

"An investigation into the use of trichlorethylene in midwifery has been made. The results are encouraging, and suggest that painless delivery could be brought within reach of more women. A short addition to the gas-air course might make this method available to unsupervised midwives." 9 references.

J. C. M. C.

CONROY, W. A.: *Analgesia and Anesthesia for Obstetrics, Inhalation Methods.* Am. J. Obst. & Gynec. **48**: 81–84 (July) 1944.

"The obliteration of the pain element of labor contractions is readily accomplished without loss of the patient's cooperation, and without interference with the strength of contractions, or danger to the fetus. Nitrous oxide, combined with oxygen inhalations and supplemented during expulsion, has been found adequate and