

method is worthy of further clinical trial. 8 references.

F. A. M.

GOTTSCHALK, R. II.: *Respiration During the First Hour of Life*. Am. J. Obst. & Gynec. 52: 651-656 (Oct.) 1946.

A study was made to determine if the use of demerol and hyoscine during labor exerted any action on the respiration of the newborn infant when given in dosages recommended by Roby and Schumann. Accurate information on the respiration of the newborn from the time of birth to one hour of age was also sought. A total of 68 records of respiration in 40 infants during their first hour of life and 53 records on 31 newborns whose mothers had received demerol and hyoscine, were obtained. Study of the records has shown that demerol and hyoscine, no matter when administered, exert no influence on the respiration of the newborn from 7 minutes to one hour of age. It was shown that a general anesthetic (ether and cyclopropane), when it is properly administered, has no effect on the respiration of the newborn after 7 minutes of age. 3 references.

F. A. M.

TAYLOR, E. S.: *Anesthesia and Analgesia in Obstetrics*. Northwest Med. 45: 740-743 (Oct.) 1946.

Obstetrics is advertised by the lay press and the lay grape-vine, not for the low stillbirth rate, low incidence of eclampsia, postpartum hemorrhage or cesarean section, but exclusively for the relief of pain during labor. A moderate amount of pain is normal and everything compatible with safety for the mother and baby will be done by the obstetrician.

Morphine and scopolamine in small doses can be used for analgesia but this combination of drugs is not satisfactory in multiparous labors, in inertia cases,

in premature labors or in multiple pregnancies. Demerol with scopolamine is probably the most satisfactory all-purpose analgesia for labor. When labor is established and the patient begins to mind her pains, demerol, 100 mg., scopolamine, gr. 1/150, is given. Forty-five minutes later scopolamine, gr. 1/150, is repeated. Demerol, 100 mg., is repeated every four hours. Scopolamine, gr. 1/200, is given each two hours. Restlessness results from the scopolamine so the patient must be attended. Intramuscular or intravenous administration of demerol is best. Demerol without scopolamine is less effective but should be used when supervision is not adequate. The barbiturates do not relieve pain; they produce amnesia. With scopolamine the barbiturates produce amnesia in 85 per cent of cases. Respiratory complications in the mothers are fairly common following barbiturates and scopolamine and also after paraldehyde. Continuous caudal anesthesia requires constant attendance of an expert anesthetist, is not suitable for many cases and is not without danger. For the delivery stage inhalation and local anesthesia are being used the most. Of the inhalation anesthetics, ether is the safest. Chloroform is a valuable anesthetic if it is used with caution. Nitrous oxide is a good anesthetic for the delivery. Prolonged general anesthesia is dangerous to the mother and the baby.

Pudendal block anesthesia for delivery and repair is the perfect anesthesia for the patient, the baby and the doctor. Practice will improve the technic of the operator and one can expect as high as 95 per cent of successful pudendal blocks. Local anesthesia for cesarean section is excellent and safe. Too little information is available as to the blood saving qualities of local anesthesia in obstetrics. 8 references.

F. A. M.