

the presence of shock, and for elderly or debilitated patients. Cyclopropane appears to be the ideal anesthetic agent to be used with curare. Nitrous oxide and ethylene have been used but larger doses of curare are required than with more potent anesthetics and there have been cases in which marked respiratory depression resulted. When curare is used with ether it is advisable to use smaller doses of curare. The use of curare with pentothal is becoming more extensive. It must be remembered that with these drugs two respiratory depressants are being used. Bronchoscopies and esophagoscopies are easily done with this combination.

Curare has proved to be valuable in prolonging the relaxation when a spinal anesthetic has been of insufficient duration. For extensive operations a combination of curare, pentothal sodium and nitrous oxide has been used. Curare should not be considered a panacea to answer all problems of relaxation but it is a useful adjunct to anesthesiology. 27 references.

F. A. M.

BARNES, JOSEPHINE: *Pethidine in Labour: Results in 500 Cases*. Brit. M. J., 1: 437-442 (April 5) 1947.

Pethidine was used in over 500 cases in the Obstetrical Unit at University College Hospital between 1942 and 1946. Pethidine is known by a variety of names, among them: dolantin, dolantal and demerol. After preliminary tests pethidine was given full clinical trial by administering it to those patients in labor who appeared to require a sedative or analgesic. The dose used was 100 mg. given intramuscularly or subcutaneously and repeated when necessary. In many cases other sedatives and analgesics were combined with pethidine, the patients receiving "triline" or nitrous-oxide and air analgesia in the later stages of labor. Eight pairs of

twins accounted for 508 infants born of 500 mothers. A single dose of pethidine was adequate for the majority of labors. No maternal mortality occurred in the series. Dizziness, faintness, giddiness or numbness, sweating and slight retching were noted in 11 mothers.

Twenty-one of the 508 babies died but it was not felt that pethidine contributed in any way to these deaths. Signs of asphyxia at birth were noted in 55 babies. In the mothers of these babies it was found that 13 were delivered less than three hours after the last dose of pethidine, 4, three to four hours after, and 2, four to five hours after. The average time between the last dose of pethidine and delivery for the entire series was 6.74 hours.

Good analgesic was obtained in 55 per cent of mothers. Some failures may be accounted for by the fact that pethidine was given too late in labor. Some relaxation or relief of symptoms was experienced by 87 per cent of the mothers. No effect on uterine contractions was noted in 67 per cent; apparent increase in contractions in 23.3 per cent and contractions diminished in 8.7 per cent. Compared to a control series of patients the first stage of labor in primigravidae was seven hours longer in patients receiving pethidine. The forceps rate compared favourably with the control group. No tendency to postpartum haemorrhage was noted. Thirty-two patients who had cesarean section received pethidine premedication. There was no foetal or maternal mortality. 36 references.

F. A. M.

BAILEY, HAMILTON: *Impending Death Under Anesthesia*. J. Internat. Coll. Surgeons. 10: 1-10; 27 (Jan.-Feb.) 1947.

The expectation of death under an anesthetic is 1 per 1,000 when calcu-