

ABSTRACTS

Editorial Comment: A fixed style of presentation for this department of ANESTHESIOLOGY has purposely not been defined. It is the wish of the Editorial Board to provide our readers with the type of abstract they desire. Correspondence is invited offering suggestions in regard to the length of abstracts, character of them, and source of them. The Board will appreciate the cooperation of the membership of the Society in submitting abstracts of outstanding articles to be considered for publication.

ANDROS, G. J., AND MILLER, R. L.: *The Effect of Ephedrine Upon Uterine Motility During Labor Under Spinal Anesthesia. A Preliminary Report.* Univ. Michigan M. Bull. 17: 10-17 (Jan.) 1951.

"Various effects upon the parturient human uterus have been attributed to ephedrine. . . . This study was undertaken in an attempt to resolve the conflicting opinions. . . . Possible responses of the parturient uterus to ephedrine also become of interest because of certain similarities of this drug to epinephrine. . . . Twelve normal obstetrical patients, at term and in various phases of active first-stage labor, were used as subjects. . . . Using our own modification of Fenning's external hysterograph as pickup and recorder, we have found the principal effect of parenteral ephedrine in therapeutic dosage upon the fundal contractions of the uterus during labor under spinal anesthesia to be a relatively transient phenomenon of incomplete relaxation. . . . On the basis of text description and analysis of various tracings reproduced in publication, it would appear to us that "Cleland's statement, to the effect that ephedrine in doses greater than 25 mg. (precise route of administration not given) depresses the tone of the uterus in labor under regional anesthesia over a significant period of time, is not substantiated. . . ."

"It has been mentioned that the results . . . point toward a tendency for intravenously administered ephedrine to cause, over a significant period

of time, a decrease in the intensity (height) and duration of fundal uterine contractions. Since these data are not suited to statistical analysis, it is not possible to evaluate the significance of these findings in view of the apparent concomitant and somewhat comparable increase in frequency of contractions. Measurement of total 'area' under all contraction tracings over identical periods of time before and after drug administration would be one method of determining the significance of the changes in relation to their effect on the labor. In addition to the possibility that ephedrine has caused the decreases, the changes being discussed may be the result of the ephedrine rendering the uterus more irritable, which in turn might result in more frequent contractions. Either situation conforms to a condition we have observed frequently in advancing labor: increase in frequency of contractions very often is accompanied by decrease in their intensity and duration."

A.

BARRETT, R. M. S.: *Anesthesiology—Its Economics.* J. Indiana M. A. 44: 17-20 (Jan.) 1951.

"At no time in the short history of the specialty of anesthesiology has there been a more serious threat made to its existence than the statement of policy on 'Physician Hospital Relations and Hospital Service Plans' by the American Hospital Association in March of this year. Its Board of Trustees approved a new resolution based on the