Patterson, J. L.: Effects of Mephentermine on Cerebral Metabolism and Circulation, J. Pharmacol. & Exper. Therap. 119: 219 (Feb.) 1957.)

METHOXAMINE Administration of methoxamine to 7 normal human subjects caused significant depression of glomerular filtration rate, renal plasma flow, increase in renal vascular resistance, decrease of urinary volume and sodium excretion. In the initial treatment of hypotensive emergencies, pressor amines causing less renal vasoconstriction than methoxamine for a given blood pressure rise are recommended (Aramine, phenylephrine or norepinephrine). (*Mills, L. C., and Moyer, J. H.: Methoxamine: Effect on Blood Pressure and Renal Hemodynamics, Am. J. Med. Sc. 233: 409 (April) 1957.*)

METARAMINOL Oral doses of metaraminol, five to six times the amount necessary with subcutaneous and intramuscular injection, were found to be "practical, effective and safe." Previous studies have shown favorable results with metaraminol in the treatment of patients with shock and hypotension so that this agent is now the pressor amine of choice at the University of Minnesota Hospital. (*Wexl, M. H.: Clinical Studies on Vasopressor Agent: Metaraminol (Aramine), Am. J. Med. Sc. 233: 367 (April) 1957.*)

OBSTETRIC ANESTHESIA When competent physician anesthetists are willing to render twenty-four hour coverage in the obstetrical department, such service is readily and willingly accepted by patients and obstetricians. Regional anesthesia, particularly continuous caudal and lumbar epidural blocks, tends to become the choice of both patient and obstetrician. (*Lindstrom, D., and Moore, D. C.: Trends in Obstetrical Anesthesia Following Acceptance of Twenty-Four Hour Physician Anesthesia Service, Western J. Surg. 65: 63 (March–April) 1957.*)

POSTPARTUM ANALGESIA Dihydrohydroxycodeinone (Percodan), given to 143 postpartum patients with moderate pain, was found significantly more effective than control administration of either codeine or placebos. (*Bonica, J. J., Hadfield, D., and Bennett, B.: Management of Postpartum Pain with Dihydrohydroxycodeinone (Percodan), West. J. Surg. 65: 84 (March–April) 1957.*)

REGURGITATION Since intrathoracic pressure is negative, and intra-abdominal is positive, a pressure gradient normally exists across the esophagogastric junction favoring regurgitation. This is normally prevented by a flap-valve action of the upper lip of the cardiac orifice (probably *not* by an intrinsic sphincter or pinch-cock action of the diaphragm). Regurgitation may occur when support of the hiatus and phreno-esophageal ligament relaxes, or when normal anatomic relationships of adjacent viscera are disturbed. (*Mustard, R. A.: Reflux Oesophagitis, Canad. M. A. J. 76: 811 (May 15) 1957.*)

LIABILITY OF HOSPITALS FOR NEGLIGENCE In some states a public hospital existing for governmental purposes and exercising governmental functions is not liable for the negligence of its employees. On the other hand, private hospitals—not charitable institutions—are generally held liable for damage for injuries resulting from their own negligence, as well as that of their agents, servants and employees. (*Garber, L. O., and Tyree, M. J.: Special Report: Liability of Hospitals for Negligence, Mod. Hosp. 88: 84 (May) 1957.*)

ACCEPTANCE OF AUTHORITY For every self-reliant individual with confidence in his own judgment, there are three others who can be swayed to a greater or lesser extent purely by the statements of others even though these may be patently false. This fact is significant in considering why so many individuals do not think, do not recognize fundamental principles, and are so willing "to discard the evidence of their own observation in favor of what is labeled as the word of authority." (*Northwest Med. 56: 419 (April) 1957.*)

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