

PNEUMOPERITONEUM The reduction of large hernias sometimes so increases the intra-abdominal tension with elevation of the diaphragm that cardiac and respiratory embarrassment may ensue. Pneumoperitoneum, a method long neglected in this country, was performed in nine patients two weeks prior to operative repair of their tremendous abdominal hernias. The method enlarges the peritoneal cavity permitting the reduction of the hernial contents, facilitating closure, and lessening postoperative complications. (Koontz, A. R.: *Hernias That Have Forfeited Right of Domicile, South M. J.* 51: 165 (Feb.) 1958.)

VISCERAL PAIN The relationship between the intensity and duration of stimulus required to produce pain in the gastrointestinal tract was studied in 51 subjects. A relationship similar to that for cutaneous pain was found. There was little variation in pain threshold for each subject. Comparison of these curves revealed the possibility that changes of local tissue accommodation prevent the onset of both varieties of pain. (Lipkin, M., and Sleisenger, M. H.: *Studies of Visceral Pain: Measurements of Stimulus Intensity and Duration Associated with Onset of Pain in Esophagus, Ileum and Colon, J. Clin. Invest.* 37: 28 (Jan.) 1958.)

MALPRACTICE REVERSAL A \$213,355 malpractice judgment against hospital and surgeon was reversed recently when the District Court of Appeal ruled the trial court was in error in instructing the jury that the doctrine of *res ipsa loquitur* applied in the case as a matter of law. The case may go to the Supreme Court or back to the trial court. (*Mod. Hosp.* 90: 70 (Jan.) 1958.)

P-G COURSES While physicians in practice have become increasingly interested in postgraduate study, they are not satisfied with just any type of course. They criticize too little practical information, too much special medical center services, too much data on experimental clinical advances, and too little information on basic theoretical advances. The appreciative sheets summarizing lectures, references to the literature, and well organized presentations making note taking easy. (Mackenzie,

L. L.: *Refresher Courses in Obstetrics & Gynecology for General Practitioner, Obst. & Gynec.* 11: 230 (Feb.) 1958.)

OBSTETRIC ANALGESIA There is no justification for jeopardizing the future of the infant for the comfort of the mother. Injudicious sedation of the mother is a prime factor in fetal hypoxia. Successful analgesia depends upon the individual's requirements; hence, no routine schedule can be followed. The following procedure has been found successful in a series of 76 patients. Upon admission to the hospital, 1.0 Gm. glutethimide is given orally. When real labor pains are experienced, 50 mg. meperidine and 0.3 mg. scopolamine are administered intravenously over a period of three minutes. Pain relief is immediate and prolonged by the potentiating action of glutethimide. The scopolamine may be repeated if necessary every three hours. With this method of analgesia, general or regional anesthesia may be used for delivery. It must be remembered that any form of general anesthesia intensifies the sedative effect of the obstetric analgesia. (Crisp, W. E., Deaver, G. L., and Vorys, N.: *Balanced Obstetric Analgesia, GP* 17: 128 (Mar.) 1958.)

TRANQUILIZERS IN OB-GYN Pleased with the sedation, narcotic potentiation and lack of side effects provided by Trilafon-barbiturate-narcotic combinations during labor, the authors extended the use of Trilafon to other problems. Trilafon administration, started at home and continued during labor, made possible reduction in use of sedation and narcotics during labor and reduction in amount of general anesthesia during delivery. Trilafon was also used successfully for nausea and vomiting in pregnancy, for menstrual distress, for menopausal symptoms (for as long as 10 months without complications), and for anxiety in preoperative patients. (Harer, W. B.: *Tranquilizers in Obstetrics & Gynecology, Obst. & Gynec.* 11: 273 (March) 1958.)

PLACENTAL TRANSMISSION The placental blood of newborns of 100 mothers receiving 250-500 mg. of intravenous pentobarbital sodium was studied. Pla-

ental transmission occurred almost immediately. Placental blood levels were about 74 per cent of the maternal level and persisted at about the same equilibrium for 185 minutes. No significant increase in depression of infants was noted in the experimental series compared with control series. (Fealy, J.: *Placental Transmission of Pentobarbital Sodium, Obst. & Gynec. 11: 342 (Mar.) 1958.*)

INTRAUTERINE FETAL ECG Recordings on an 8 channel electroencephalograph machine from up to 12 anteriorly placed electrodes were made of the fetal heart in utero as early as the eighteenth week in some (by the twenty-third week in all) of 10 normal patients. This examination offers a fourth means of determining pregnancy and the presence of a live fetus. (Skemp, J. T., and Millen, F. J.: *Electroencephalograph Tracings of Fetal Heart in Utero, Obst. & Gynec. 11: 149 (Feb.) 1958.*)

PUDENDAL BLOCK Although obstetrical anesthesia coverage is available 24 hours a day at Tacoma General Hospital, an increasing number of deliveries are accomplished by pudendal block. Anesthesiologists administer nitrous oxide analgesia and are available for complete anesthesia or for infant resuscitation when required. Transvaginal pudendal nerve block is facilitated by means of a device made from a vaginal retractor. It is notched at the end to allow the operator to palpate the ischeal spine and contains a penrose drain covered guide tube to control the needle placement. (Kohl, G. C.: *Transvaginal Pudendal-Nerve Block with Improved Instrument, Obst. & Gynec. 11: 314 (March) 1958.*)

OXYCAINE Oxycaine is a new anesthetic agent. It was synthesized in Armenia in 1953. Following laboratory investigations on mice the new substance was used in clinical practice (in about 200 operations) for local anesthesia, for block anesthesia and intravenously. There were no manifestations of toxicity. One of the important advantages of this preparation is its stability. In spite of boiling and storage, solutions of oxycaine remain stable and do not lower the antibacterial activity of sulphonamides and antibiotics.

(Danielbek, D. A.: *Experience in Use of Oxycaine in Surgery, Izv. Akad. Nauk Armyansk. 9: 29, 1956.*)

CYCLAINE Complaints of burning following injections of hexyleaine promoted the study of the irritating properties of this otherwise effective drug. Compared with procaine and lidocaine, hexyleaine was the most irritant. It was used for production of dermal wheals, for direct and indirect sciatic nerve injections in rabbits, and for injections into the anterior chamber of the eye in rabbits. The authors suggest that hexyleaine hydrochloride be used with great caution or not at all in the practice of regional infiltration analgesia. (Tait, D. A., Reese, N. O., and Davis, D. A.: *Comparative Study of Hexyleaine, Procaine, and Lidocaine with Specific Attention to Tissue Irritation, South. M. J. 51: 358 (Mar.) 1958.*)

ISOBARIC SPINALS Concerned with the poor anesthesia obtained from hyperbaric spinal anesthetics for lower extremity surgery, the author began using isobaric anesthetic solutions (1 per cent Pontocaine in saline, 4 per cent procaine, or 4 per cent Xylocaine in water). One or two cubic centimeters of isobaric solution are mixed with enough spinal fluid to make a volume of 3-3½ cc. Using this for operations on the lower extremities, buttocks, and lower back the author has been impressed with the complete anesthesia and lack of hypotension. He believes that the hyperbaric technique results in layering of the anesthetic agent in the dorsal curvature and sacral sac leaving the higher lumbar areas with relatively no analgesia. (Baldwin, R. E.: *Clinical Observations on Isobaric Spinal Anesthesia, South. M. J., 51: 147 (Feb.) 1958.*)

SPINAL ANESTHESIA The effects of hypotension induced by high spinal anesthesia (above T₆) on cerebral circulation and metabolism were studied in human subjects. In the normotensive group cerebral blood flow and cerebral oxygen consumption were unchanged despite a 32 per cent decrease in mean arterial blood pressure. There was a significant fall in cerebrovascular resistance which was responsible for the maintenance of cerebral blood flow. In the hypertensive patients