On the other hand, epidural administration of lidocaine (400–600 mg.) and general anesthesia in 10 cases did not induce any methemoglobinemia. (*Tyuma, I., and others: Methemoglobin Formation by a New Local Anesthetic L-67 (Japanese), Far East J. Anesth. 5: 32, 1965.*)

CSF PRESSURE IN LABOR Twenty women at or near term were studied during spontaneous or oxytocin induced labor. All were delivered vaginally. Intrauterine pressure, femoral arterial pressure, cerebrospinal fluid pressure and/or epidural space pressure were monitored with transducers. Anesthetic techniques were continuous caudal, epidural or spinal. The authors found that there is a consistent rise in cerebrospinal fluid pressure, central venous pressure, arterial blood pressure, stroke volume and cardiac output with uterine contractions. However, there was no relationship between the time of anesthetic injection in the cycle of uterine contractions and the extent of regional anesthesia obtained. (*Hopkins, E. L., Hendricks, C. H., and Cibils, L. A.: Cerebrospinal Fluid Pressure in Labor, Amer. J. Obstet. Gynec. 93: 907 (Dec.) 1965.*)

TOXEMIA OF PREGNANCY All signs and symptoms of toxemia of pregnancy may be explained by abnormal sodium retention and generalized vasoconstriction. The toxemic process is initiated by the phase (one) of sodium retention characterized by an increase in plasma volume. This is followed by the phase (two) of sodium retention plus generalized vasoconstriction, characterized by a decrease in plasma volume. Thiazide diuretics administered in the sodium-retaining (first) phase produce a decrease in plasma volume, thus returning the hemodynamic state to normal and preventing the development of vasoconstriction. However, if thiazide diuretics are not administered until the phase (two) which includes generalized vasoconstriction, they do not reverse the toxemic process. Once vasoconstriction is present, no known therapy is capable of altering the disease process or fetal mortality. The availability of the thiazides has completely changed the concept of the treatment of toxemia. When used alone at the first sign of excessive weight gain, the thiazides frequently prevent the development of generalized vasoconstriction which, for practical purposes, is equivalent to prevention of toxemia. The thiazides have not been incriminated as a cause of congenital anomalies; however, all drugs not absolutely essential should be withheld during the first 12 weeks of pregnancy. The prophylactic use of the thiazides can not only protect the mother from toxemia but can also significantly reduce perinatal mortality and prematurity. (*Finnerty, F. A., and Bepko, F. J.: Lowering the Perinatal Mortality and the Prematurity Rate, J.A.M.A. 195: 429 (Feb.) 1966.*)

CAUDAL ANESTHESIA Apnea, bradycardia persisting despite oxygenation and convulsions in the first minutes of life were characteristic findings in four babies born alive after being accidentally injected with mepivacaine during caudal anesthesia of the mother. Respiratory support and measures to remove the drug from the baby were utilized. Two newborns who received exchange transfusions survived. The drug appeared to be concentrated in gastric juice and in urine suggesting that removal of such acid pools within the body may result in significant drug elimination. In each instance the mother had experienced uncomplicated pregnancy and was well advanced in labor with the fetal head engaged at station +2 or +3 when the caudal needle was introduced. In three instances, a polyvinyl catheter was threaded through a needle inserted through what was assumed to be sacral hiatus and mepivacaine injected in divided doses over a 30 minute period. In the fourth instance, a single injection was given through a 6 cm. needle. Each woman received a total of 20 to 25 ml. of 1.5 per cent mepivacaine. (*Sinclair, J. C., and others: Intoxication of the Fetus by a Local Anesthetic, New Eng. J. Med. 273: 1173 (Nov.) 1965.*)

PARACERVICAL BLOCK The efficacy and safety of paracervical block anesthesia were studied in 153 patients in the first stage of labor. Transient decrease in uterine activity was noted in 77 patients. There was no acceleration in cervical dilatation following the block. In 69 of 80 primiparas, the duration