

coronary sinus. In the case of cyclopropane there was no evidence of any interference with the tissue uptake of infused norepinephrine. We conclude that cyclopropane and halothane, unlike cocaine, can enhance the chronotropic response to accelerator nerve stimulation without modifying the mechanism of norepinephrine release and re-storage. We found no evidence that cyclopropane interferes with the metabolism of norepinephrine.

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Anesthesia

UMBILICAL-CORD VENOUS PRESSURE Oxytocics have been used during the latter part of the second stage of labor to reduce postpartum blood loss. In a series of normal deliveries, venous pressure in the umbilical cord immediately after delivery was measured. Some of the mothers had received 0.2 mg. methylergonovine intravenously when the fetal head crowned. The mean cord venous pressure in the control group was 269.7 mm. of blood, but when the oxytocic had been used, the mean pressure was significantly higher, 429.6 mm. of blood. Multiparity and anesthesia did not seem to alter the cord venous pressure. Although all infants were normal on follow-up study, it is suggested that the abrupt and marked increase in cord venous pressure produced by intrapartum oxytocic drugs might be injurious to an infant with a cardiovascular abnormality. (*LeDonnen, A. T., and McGowan, L.: Effect of an Oxytocic on Umbilical Cord Venous Pressure, Obstet. Gynec.* 30: 103 (July) 1967.)