a quantitative guide as to the actual state of neuromuscular transmission.

In summary, we have examined in detail neurally-evoked muscle responses as exemplified by twitch, tetanus and posttetanic potentiation. The response to repetitive stimulation is a more accurate index of the level of block than twitch or PTP. A neurophysiologic explanation for the clinical phenomena of twitch, tetanus and PTP has been proposed. It is suggested that clinical twitch monitors be altered to furnish tetanus at several stimulation rates. The response to tetanus may also be used as a measure of adequate dosage of anticholinesterases in the reversal of curare block.

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Obstetrical Anesthesia

SPINAL LEVEL IN PREGNANCY The pregnant patient requires less anesthetic agent for induction of spinal anesthesia than the nonpregnant patient. The authors review the postulate that compression of the inferior vena cava (IVC) by the pregnant uterus causes engorgement of the vertebral system, which in turn decreases the capacity of the subarachnoid space for spinal fluid and decreases the amount of drug necessary to produce spinal anesthesia. IVC pressure in pregnant patients at term was elevated, compared with nonpregnant controls, but CSF pressures were similar in both groups. Since elevating IVC pressure produced only a transient rise in CSF pressure, it was assumed that the return to normal of CSF pressure was the result of a decrease in CSF volume. When the IVC pressure of nonpregnant women was increased by abdominal compression to the level found in women at term, the spinal anesthetic dermatome level produced was similar to that of pregnant women and was significantly higher than the level produced when IVC pressure was not elevated. (*Barclay, D. L., Renegar, O. J., and Nelson, E. W.: The Influence of Inferior Vena Cava Compression on the Level of Spinal Anesthesia, Amer. J. Obstet. Gynec. 101: 792 (July) 1968.*)