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Obstetrics and Pediatrics

BLOOD GLUCOSE Blood glucose in scalp capillaries was measured in 38 fetuses prior to, during and after labor in 12 normal pregnancies, 11 with toxemia, nine with Rh-immunization and ten after prolonged pregnancy. Results showed no significant difference in fetal or maternal blood glucose between normal and abnormal pregnancies. Prior to labor, fetal glucose averaged 62 mg/100 ml, maternal 88 mg/100 ml. By the second stage of labor these values had increased to means of 73 mg/100 ml in the fetus and 106 mg/100 ml in the mother. At delivery, umbilical vein glucose was 78 mg/100 ml; maternal, 110 mg/100 ml. Labor and delivery tend to be associated with increasing fetal and maternal blood glucose. (Ravio, K. O., and Teramo, K.: *Blood Glucose of the Human Fetus Prior to and during Labor*, *Acta Paediat. Scand.* 57: 512 (Nov.) 1968.)

BRONCHOPULMONARY DYSPLASIA Patent ductus arteriosus was found in three premature infants with severe respiratory distress syndrome who were treated with prolonged positive-pressure ventilation (16, 19, and 59 days, respectively). In one patient, surgical ligation of the ductus was followed by clinical improvement, enabling cessation of assisted ventilation. One infant had spontaneous delayed closure of the ductus. The third infant died after 19 days of assisted ventilation, with a widely patent ductus arteriosus. All three infants had signs of the recently described syndrome of "bronchopulmonary dysplasia." Careful auscultation in infants with respiratory distress syndrome is essential to discover an associated patent ductus arteriosus with left-to-right shunt, which may aggravate symptoms attributed to "bronchopulmonary dysplasia." (Siassi, B., and others: *Patent Ductus Arteriosus Complicating Prolonged Assisted Ventilation in Respiratory Distress Syndrome*, *J. Pediat.* 74: 11 (Jan.) 1969.)