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### Obstetrics and Pediatrics

**PENTAZOCINE IN LABOR** A double-blind trial of the effects of pentazocine and pethidine in patients in labor showed that the analgesic effects of the two drugs were similar. The levels of analgesic drug in cord blood were higher after pethidine. The one-minute Apgar scores were best in infants of mothers to whom no analgesic drugs had been given. Approximately the same degrees of neonatal depression were seen with pentazocine and with pethidine. Both drugs caused maternal peripheral vasodilatation and slowing of respiratory rate. The second stage of labor was shorter in women given pentazocine than in those given pethidine. (*Duncan, S. L., Ginsburg, J., and Morris, N. F.: Comparison of Pentazocine and Pethidine in Normal Labor, Amer. J. Obstet. Gynec.* 105: 197 (Sept.) 1969.)

**NEONATAL DISTRESS** Thirty-four premature infants with Wilson-Mikity syndrome were seen during a seven-year period. Mild respiratory symptoms usually began insidiously after the first week of life. The symptoms became increasingly severe and reached maximum intensity four to eight weeks later. A fourth of the infants died during this stage. In survivors, the respiratory symptoms cleared slowly over the next month; they had disappeared completely in all but one infant by two years of age. Roentgenograms of the chest were consistent and distinctive. Diffuse, streaky infiltrates with small cystic areas appeared during the first stage and progressed as the clinical symptoms increased. The second stage was characterized by basilar hyperaeration with residual strands in the upper lobes. These changes slowly cleared as the clinical symptoms disappeared. Eleven lung biopsies were examined, and all 12 infants who died were autopsied. The prominent findings were patchy areas of hyperinflation and collapse in the first stage and diffuse overinflation during the second stage. The infants had pulmonary fibrosis. The most likely pathogenesis of the syndrome is an abnormal air distribution with disturbance in ventilation-perfusion ratios secondary to immature lung. (*Hodgman, J. E., and others: Chronic Respiratory Distress in the Premature Infant, Pediatrics* 44: 179 (Aug.) 1969.)