begun fifteen minutes before sodium pentothal-curare induction. Oral intubation is carried out with this preparation, and procaine intravenous solution contained throughout the operation at the rate of 1 Gm. per hour for analgesia with additional sodium pentothal for hypnosis. High concentrations of oxygen are employed throughout. Nitrous oxide-oxygen (50%, 50%) for additional analgesia may be necessary. On this regime the patient is usually awake at the completion of surgery." A. A.

BELINKOFF, S., AND ORRIN, W. H., JR.: *Intravenous Alcohol During Labor.* Am. J. Obst. & Gynec. **59**: 429–432 (Feb.) 1950.

"The search for an ideal means of relieving the pain during childbirth is continuing at an unabated rate. . . . This paper is being presented to record our experiences with the intravenous administration of alcohol. . . . The cases being presented were taken from the ward service in a more or less haphazard fashion. The only criterion for their selection was that one of us was available to see and examine the patient and start the alcohol at the proper time. An effort was made to eliminate toxic cases from consideration since it was felt that those with eclampsia or pre-eclampsia already had some liver disturbance and the added task of detoxifying and using the alcohol might be too much of a burden. . . . Twenty cases . . . were taken in order of admission, the only exceptions to their consecutive order being when neither one of us was available.

"The basic technique of administration of the alcohol was 200 cc. in less than fifteen minutes to initiate the blood level followed by a constant drip of 100 drops per minute. . . . Blood level determinations were done to evaluate how much would be needed to produce the necessary state of euphoria. . . . It was found that a significant level was obtained about fifteen to twenty-five minutes after administration was begun. When the level was maintained at from 1.2 to 1.8 mg. per cc. the patient felt fairly comfortable and did not mind her pains. In several instances where the alcohol was inadvertently administered in large quantities in a short period of time, the patient was nauseated and vomited. A level done on one of these patients was 2.9 mg. per cc., a value usually found with the drunken state. Satisfactory euphoria and analgesia were produced with a blood level well below that usually considered to be drunkenness.

"Studies done on the cord blood immediately following delivery showed a level slightly below that of the maternal blood, usually about 20 per cent less. The placenta seemed to act as a slight barrier to the passage of the alcohol from the mother's blood stream to that of the baby. . . . Good analgesia was obtained in 80 per cent of the cases, no other sedation being necessary. Some of the patients, however, objected to the fact that they knew everything that was going on in contrast to previous deliveries where amnesia had been produced. . . . With the exception of the one instance of stillbirth, all the babies cried immediately and spontaneously, some even before the delivery of the whole body. . . . In order to obtain good results with this agent, close supervision of the patient must be maintained. The rate of flow must be regulated according to the response of the patient. This requires constant attendance which is not always possible in the overcrowded, somewhat understaffed hospital which is the rule today." A. A.