

PNEUMOPERITONEUM The reduction of large hernias sometimes so increases the intra-abdominal tension with elevation of the diaphragm that cardiac and respiratory embarrassment may ensue. Pneumoperitoneum, a method long neglected in this country, was performed in nine patients two weeks prior to operative repair of their tremendous abdominal hernias. The method enlarges the peritoneal cavity permitting the reduction of the hernial contents, facilitating closure, and lessening postoperative complications. (Kountz, A. R.: *Hernias That Have Forfeited Right of Domicile*, South M. J. 51: 165 (Feb.) 1958.)

VISCERAL PAIN The relationship between the intensity and duration of stimulus required to produce pain in the gastrointestinal tract was studied in 51 subjects. A relationship similar to that for cutaneous pain was found. There was little variation in pain threshold for each subject. Comparison of these curves revealed the possibility that changes of local tissue accommodation prevent the onset of both varieties of pain. (Lipkin, M., and Steisenger, M. H.: *Studies of Visceral Pain: Measurements of Stimulus Intensity and Duration Associated with Onset of Pain in Esophagus, Ileum and Colon*, J. Clin. Invest. 37: 23 (Jan.) 1958.)

MALPRACTICE REVERSAL A \$213,355 malpractice judgment against hospital and surgeon was reversed recently when the District Court of Appeal ruled the trial court was in error in instructing the jury that the doctrine of *res ipsa loquitur* applied in the case as a matter of law. The case may go to the Supreme Court or back to the trial court. (Mod. Hosp. 90: 70 (Jan.) 1958.)

P-G COURSES While physicians in practice have become increasingly interested in postgraduate study, they are not satisfied with just any type of course. They criticize too little practical information, too much special medical center services, too much data on experimental clinical advances, and too little information on basic theoretical advances. The appreciate sheets summarizing lectures, references to the literature, and well organized presentations making note taking easy. (Mackenzie,

L. L.: *Refresher Courses in Obstetrics & Gynecology for General Practitioner, Obst. & Gynec. 11: 230 (Feb.) 1958.*)

OBSTETRIC ANALGESIA There is no justification for jeopardizing the future of the infant for the comfort of the mother. Injudicious sedation of the mother is a prime factor in fetal hypoxia. Successful analgesia depends upon the individual's requirements; hence, no routine schedule can be followed. The following procedure has been found successful in a series of 76 patients. Upon admission to the hospital, 1.0 Gm. glutethimide is given orally. When real labor pains are experienced, 50 mg. meperidine and 0.3 mg. scopolamine are administered intravenously over a period of three minutes. Pain relief is immediate and prolonged by the potentiating action of glutethimide. The scopolamine may be repeated if necessary every three hours. With this method of analgesia, general or regional anesthesia may be used for delivery. It must be remembered that any form of general anesthesia intensifies the sedative effect of the obstetric analgesia. (Crisp, W. E., Deaver, G. L., and Vorys, N.: *Balanced Obstetric Analgesia*, GP 17: 128 (Mar.) 1958.)

TRANQUILIZERS IN OB-GYN Pleased with the sedation, narcotic potentiation and lack of side effects provided by Trilafon-barbiturate-narcotic combinations during labor, the authors extended the use of Trilafon to other problems. Trilafon administration, started at home and continued during labor, made possible reduction in use of sedation and narcotics during labor and reduction in amount of general anesthesia during delivery. Trilafon was also used successfully for nausea and vomiting in pregnancy, for menstrual distress, for menopausal symptoms (for as long as 10 months without complications), and for anxiety in preoperative patients. (Harer, W. B.: *Tranquilizers in Obstetrics & Gynecology*, Obst. & Gynec. 11: 273 (March) 1958.)

PLACENTAL TRANSMISSION The placental blood of newborns of 100 mothers receiving 250-500 mg. of intravenous pentobarbital sodium was studied. Pla-