cental transmission occurred almost immediately. Placental blood levels were about 74 per cent of the maternal level and persisted at about the same equilibrium for 185 minutes. No significant increase in depression of infants was noted in the experimental series compared with control series. (*Fealy, J.: Placental Transmission of Pentobarbital Sodium, Obst. & Gynec. 11: 342 (Mar.) 1958.*)

INTRAUTERINE FETAL ECG Recordings on an 8 channel electroencephalograph machine from up to 12 anteriorly placed electrodes were made of the fetal heart in utero as early as the eighteenth week in some (by the twenty-third week in all) of 10 normal patients. This examination offers a fourth means of determining pregnancy and the presence of a live fetus. (*Skemp, J. T., and Millen, F. J.: Electroencephalograph Tracings of Fetal Heart in Utero, Obst. & Gynec. 11: 149 (Feb.) 1958.*)

PUDENDAL BLOCK Although obstetrical anesthesia coverage is available 24 hours a day at Tacoma General Hospital, an increasing number of deliveries are accomplished by pudendal block. Anesthesiologists administer nitrous oxide analgesia and are available for complete anesthesia or for infant resuscitation when required. Transvaginal pudendal nerve block is facilitated by means of a device made from a vaginal retractor. It is notched at the end to allow the operator to palpate the ischeal spine and contains a penrose drain covered guide tube to control the needle placement. (*Kohl, G. C.: Transvaginal Pudendal-Nerve Block with Improved Instrument, Obst. & Gynec. 11: 314 (March) 1958.*)

OXYCAINE Oxycaine is a new anesthetic agent. It was synthesized in Armenia in 1953. Following laboratory investigations on mice the new substance was used in clinical practice (in about 200 operations) for local anesthesia, for block anesthesia and intravenously. There were no manifestations of toxicity. One of the important advantages of this preparation is its stability. In spite of boiling and storage, solutions of oxycaine remain stable and do not lower the antibacterial activity of sulphonamides and antibiotics. (*Danielbek, D. A.: Experience in Use of Oxycaine in Surgery, Izv. Akad. Nauk Armyansk. 9: 29, 1956.*)

CYCLAINE Complaints of burning following injections of hexylcaine promoted the study of the irritating properties of this otherwise effective drug. Compared with procaine and lidocaine, hexylcaine was the most irritant. It was used for production of dermal wheals, for direct and indirect sciatic nerve injections in rabbits, and for injections into the anterior chamber of the eye in rabbits. The authors suggest that hexylcaine hydrochloride be used with great caution or not at all in the practice of regional infiltration analgesia. (*Tait, D. A., Reese, N. O., and Davis, D. A.: Comparative Study of Hexylcaine, Procaine, and Lidocaine with Specific Attention to Tissue Irritation, South. M. J. 51: 358 (Mar.) 1958.*)

ISOBARIC SPINALS Concerned with the poor anesthesia obtained from hyperbaric spinal anesthetics for lower extremity surgery, the author began using isobaric anesthetic solutions (1 per cent Pontocaine in saline, 4 per cent procaine, or 4 per cent Xylocaine in water). One or two cubic centimeters of isobaric solution are mixed with enough spinal fluid to make a volume of 3–3½ cc. Using this for operations on the lower extremities, buttocks, and lower back the author has been impressed with the complete anesthesia and lack of hypotension. He believes that the hyperbaric technique results in layering of the anesthetic agent in the dorsal curvature and sacral sac leaving the higher lumbar areas with relatively no analgesia. (*Baldwin, R. E.: Clinical Observations on Isobaric Spinal Anesthesia, South. M. J., 51: 147 (Feb.) 1958.*)

SPINAL ANESTHESIA The effects of hypotension induced by high spinal anesthesia (above T_4) on cerebral circulation and metabolism were studied in human subjects. In the normotensive group cerebral blood flow and cerebral oxygen consumption were unchanged despite a 32 per cent decrease in mean arterial blood pressure. There was a significant fall in cerebrovascular resistance which was responsible for the maintenance of cerebral blood flow. In the hypertensive patients