

topically. It is suggested that a maximum dose of 20 mg. of tetracaine be recognized when used for topical anesthesia. (Green, J. W.: *Toxic Reactions to Local Anesthetic Drugs*, *Canad. M. A. J.* 78: 280 (Feb. 15) 1958.)

SPINAL ANESTHESIA Spinal anesthesia is not suitable for the extremely ill or shock patient, for the very old patient with a rigid vascular system, nor for patients with severe hypertension. Nevertheless, there is a wide range of operations in which spinal affords the surgeon anesthesia, relaxation and hypotension by a single injection, thereby making it an ideal method. Like all other anesthetic techniques, it has its risks, but it also has great merits which are plain to see unless one is unduly biased. (Lake, N. C.: *Spinal Anesthesia (Present Position)*, *Lancet* 1: 387 (Feb. 22) 1958.)

SPINAL COMPLICATIONS On reviewing the records of 1,840 patients who had spinal anesthesia on the obstetric service in the Kaiser Foundation Hospital during the period from 1951 to 1955, no permanent neurological sequelae were found. The headache incidence was 20.1 per cent for vaginal deliveries and 10.8 per cent for cesarean sections. The technique included the use of 22 gauge spinal needles, sterilization of the ampuls by immersion in a 99 per cent isopropyl alcohol containing 1/500 Zephiran solution, and the use of heavy Nupercaine in most of the procedures. (Makepeace, A. W.: *Spinal Anesthesia in Obstetrics*, *Obst. & Gynec.* 11: 438 (April) 1958.)

OBSTETRIC ANALGESIA Oral Mepazine (Pactal), given in the first stage of labor, has been found effective in reducing apprehension and in potentiating analgesics and hypnotics. Side effects are mild, uterine contractions are not diminished, and the fetus appears unaffected. (Purkis, I. E.: *Potential of Obstetric Analgesia, Preliminary Report on Mepazine (Pactal)*, *Canad. M. A. J.* 78: 245 (Feb. 15) 1958.)

PERINATAL MORTALITY The birth of 50.8 per cent of premature and 60.2 per cent of mature infants was associated with analgesia. Fifty-four per cent of

the mature infants who died had been delivered under inhalation anesthesia, 21 per cent under local or low conduction anesthesia. Nevertheless, the frequency of preventability of death did not appear to be influenced by the anesthetic agent administered: the difference in the frequency of preventability between no anesthesia and inhalation anesthesia appeared to be significant. This degree of preventability was 29 per cent for premature infants, but 32 per cent for mature infants. There was no conclusive evidence to indicate a relationship between neurologic disorders and obstetric anesthesia. (*Report on Conference on Perinatal Mortality*, *Bull. New York Acad. Med.* 34: 311 (May) 1958.)

HYPOXIA IN PREGNANCY The role of hypoxia in the production of congenital malformations was assessed by subjecting pregnant mice to reduced oxygen tensions at simulated high altitudes of 25,000-35,000 feet. Congenital defects were produced which were directly proportional in incidence to the degree of anoxia and to length of exposure to reduced oxygen tensions. The type of defects were dependent upon the precise stage of somatic differentiation when maternal hypoxia was induced. It was concluded that hypoxia of the mother, during somatic differentiation of the embryo, may induce congenital malformation. (Ingalls, T. H., and Curley, F. J.: *Principles Governing Genesis of Congenital Malformations Induced in Mice by Hypoxia*, *New England J. Med.* 257: 112 (Dec.) 1957.)

CESAREAN SECTION In a five year study of cesarean sections done at Winnipeg General Hospital, it is seen that general anesthesia for this operation has gradually surpassed spinal in popularity, over 65 per cent of the cases being done during the last year of the study with cyclopropane or combinations with nitrous oxide. In the field of blood replacement, there has developed a significant trend away from the single bottle transfusion. More frequently, blood is being given only when a pressing indication for more than unit is present. (Bradford, C. R.: *Cesarean Section of the Winnipeg General Hospital Maternity Pavilion, 1951-1956*, *Canad. M. A. J.* 78: 392 (March 15) 1958.)

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