

SPINAL DRUGS Three concepts deserve emphasis: (1) Agents used to produce spinal anesthesia are most stable in their salt forms, i.e., in slightly acid solution. Normally the free base is liberated in the slightly alkaline body fluids. If for some reason the tissue pH is acid, the free base will not form and the attempt at anesthesia will fail. (2) Local anesthetics seem to depress acetylcholine production; a curare-like action is produced at the myoneural junction. (3) Local anesthetics block without depolarizing nerves, therefore are said to "stabilize" conditions in membranes which are normally labile enough to permit phasic shift in potential during impulse conduction. (*Featherstone, R. M.: Pharmacology of Compounds Used to Produce Spinal Anesthesia, J. A. M. A. 168: 1327 (Nov. 8) 1958.*)

DETERGENT ARACHNOIDITIS Spinal anesthesia was induced in a series of nine monkeys with needles and syringes which had been washed in strong detergent solutions and then autoclaved without rinsing. Seven of the animals were shown to have arachnoiditis when they were sacrificed 3 to 14 months after injection. In two of these the arachnoiditis was severe, with one animal clinically paraplegic. Beginning with the care and cleansing of needles and syringes, extreme care must be observed in all phases of the induction of spinal anesthesia in order to avoid introducing potentially histotoxic substances into patients. (*Joseph, S. I., and Denson, J. S.: Spinal Anesthesia, Arachnoiditis and Paraplegia, J. A. M. A. 168: 1330 (Nov. 8) 1958.*)

NURSE-MIDWIVES Because of the increasing obstetrical load in this country and the shortage of house officers in hospitals, this editorialist makes a plea for training of nurses as midwives who would work with obstetricians. Five schools of nurse-midwifery are training nurses in principles of obstetrics and delivery. These nurse-midwives are materially assisting obstetricians in their increasingly difficult problem of trying to provide adequate obstetric care. (*Buxton, C. L.: American Obstetrics Needs Nurse-Midwives, Editorial, Obst. & Gynec. 12: 245 (Aug.) 1958.*)

PROMAZINE-MEPERIDINE Promazine and Meperidine in equal doses of 50 mg. were given intravenously to patients in labor. Analgesia was enhanced, the hypnotic effect was marked, smooth, and consistent. Significant hypotension occurred in 2.3 per cent of patients. Early labor was slowed. Fetal depression was observed in 5.8 per cent of cases. Premature infants did not tolerate this medication well. (*Bolton, R. N., and Benson, R. C.: The Use of Promazine and Meperidine in Labor, West. J. Surg. 66: 253 (Sept.-Oct.) 1958.*)

PROMETHAZINE-MEPERIDINE The administration of promethazine with meperidine during obstetric labor was reviewed in 5000 patients. Pain relief was satisfactory with no adverse effect upon labor. Since the dosage of meperidine was uniformly reduced when used in combination with promethazine, less fetal respiratory depression was observed. Promethazine itself appeared to have no adverse effects on the fetus. Patients receiving the combined drugs were more composed and cooperative, suffered less nausea, and required less anesthesia during delivery. (*Hobbs, F. S., and Carroll, J. J.: The Use of Promethazine (Phenergan) as a Sedative During Labour, Canad. M. A. J. 79: 822 (Nov. 15) 1958.*)

PROCAINE IN LABOR Intravenous procaine was experimentally demonstrated (on pregnant and nonpregnant animals) to increase the tonus of uterine muscle and amplitude of its contractions; 20-40 ml. of 1 per cent solution of procaine (3-4 ml. per minute) was given intravenously to 140 women in labour with primary uterine inertia. Good stimulating effect was observed in 78 per cent of cases. Even the relatively small dose used caused marked intensification of uterine contractions, while higher dosage (50 ml. or over of 1 per cent solution) brought about only slight strengthening of the contractions or at times weakening or even complete arrest. Procaine was found useful in cases of labour already begun but attempts at induction in 20 cases of postmaturity and at termination of early pregnancy failed. It had no analgesic effect in labour. (*Shlepkov, B. I.: Procaine in Uterine Inertia, Akush. i. Ginek. 4: 14 1957.*)