

OBSTETRIC NERVE INJURY Injury to the upper roots of the sacral plexus, resulting in foot drop and other sensory and motor disturbances of the lower extremities, may be the consequence of pressure exerted by a large fetus during prolonged labor, or by mid-forceps application, especially for rotation. (Whittaker, W. G.: *Injuries to the Sacral Plexus in Obstetrics, Canad. M. A. J.* 79: 622 (Oct. 15) 1958.)

DIPIPANONE A trial of Dipipanone hydrochloride (Pipadone) as a predelivery sedative and analgesic revealed the drug to be less effective than meperidine. Pipadone's lack of hypnotic effect appeared to be a disadvantage during labor, although this same property proved an advantage when the drug was used as a postoperative analgesic. (Johnston, C. M.: *Dipipanone Hydrochloride (Pipadone) as a Pre-Delivery Sedative and Analgesic, Canad. M. A. J.* 79: 488 (Sept. 15) 1958.)

SURGERY DURING PREGNANCY Anesthesia for surgery in pregnant women demands constant fetal support. High maternal oxygen should be maintained at all times, and shock or prolonged blood pressure depression must be avoided meticulously. Anesthesia should not be carried to the fetus; spinal or regional block anesthesia should be employed whenever possible. (Walker, R. H., and Greaney, E. M.: *Surgery Complicated by Pregnancy, West. J. Surg.* 66: 294 (Sept.-Oct.) 1958.)

DIABETIC MOTHERS Anesthetic management of the diabetic mother coming to surgery for elective Cesarean section is outlined as follows: (1) No preoperative sedation. (2) If possible, discontinue long-acting insulin 24 hours preoperatively and carry on with insulin by reaction. (3) 1000 cc. 10 per cent glucose in water, patient to receive 500 cc. before operation to avoid fetal hypoglycemia. (4) Spinal or epidural anesthesia. (Kinch, R. A. H.: *Fetal Hazards in the Diabetic Pregnancy, Canad. M. A. J.* 79: 713 (Nov. 1) 1958.)

LABOR INDUCTION In a series of 2084 patients whose labor was induced with Pitocin

drip, caudal analgesia was found to be effective in relieving spasticity of the lower uterine segment. If care is exerted during induction, if a trained obstetrician is in attendance at all times, if the caudal anesthesia is performed with care avoiding hypotension, elective induction may be safely carried out. Amniotomy was performed when the presenting part became fixed in the pelvis and the cervix was dilated so the sac was readily accessible. (Fields, H.: *Elective Induction of Labor, Obst. & Gynec.* 12: 276 (Sept.) 1958.)

PLACENTAL REMOVAL When delivery has been accomplished with pudendal block, induction of general anesthesia for manual removal of the placenta is unnecessary. In the third stage the cervix is usually relaxed and the placenta can be removed painlessly if the manipulations are gentle. Relaxation of the cervix can be hastened by gentle dilatation assisted by inhalation of amyl nitrite. In a series of 50 cases of manual removal of the placenta under local anesthesia only 2 per cent felt real pain. (Sauer, H. H. A.: *Manual Removal of the Placenta Under Local Anesthesia, Obst. & Gynec.* 12: 221 (Aug.) 1958.)

AMMONIA EXCRETION Experimental conditions that allow simultaneous measurement of fractional concentration of ammonia in expired air and the size of the lung dead space, and equations to calculate partial pressure of ammonia in alveolar air are presented. Anesthetized dogs were given 0.2 M ammonium acetate intravenously at a constant rate for periods up to 90 minutes, and expired air collected, and bubbled through 0.1 N HCl, converting free ammonia to ammonium chloride. Ammonium concentrations were determined by nesslerization. Average quantity of ammonia in alveolar air was 3.8×10^{-7} ml./ml. Physiologic significance of the data collected may point to the possibility that ammonium ion is transported across cell membranes in the form of free ammonia, may prove a useful approach to study of gas exchange, and may provide quantitative assessment of ammonium metabolism in relation to hepatic coma. (Robin, E. D., and others: *Ammonia Excretion by Mammalian Lung, Science* 129: 269 (Jan. 30) 1959.)