

tonsillectomy. Postoperatively, 10 per cent of patients receiving trimethobenzamide had symptoms of nausea or vomiting as compared with 47 per cent of those receiving placebo, a statistically significant difference. The duration of effect of trimethobenzamide is estimated to be between 3 and 4 hours. Excessive drowsiness was the only side effect noted; however, this was probably not drug related since it was observed more frequently in the placebo patients. The routine use of trimethobenzamide as prophylaxis against postoperative vomiting is warranted in adenotonsillectomies, since the incidence of emesis was significantly reduced and serious side effects were not encountered. (Marcus, P. S., and Ettenberg, M.: *Antiemetic Prophylaxis in Adenotonsillectomies*, J.A.M.A. 189: 695 (Aug. 31) 1964.)

**BLOOD TRANSFUSION** Homologous serum jaundice occurs in 0.3 per cent to 1 per cent of all people receiving blood, involving one of every 200 transfusions. The acceptable uses of blood should be scrutinized, and hospital transfusion practices reviewed by an appropriate committee. In the usual anemic patient, a hemoglobin level of 10 g. per 100 ml. or less justifies transfusion. In a patient receiving a general anesthetic, a safe hemoglobin level is believed to be 10 g. per 100 ml.; below this level a transfusion is not questioned. Hemoglobin of 8 g. per 100 ml. or less justifies transfusion in the usual obstetrical patient. However, because isosensitization producing hemolytic disease of the newborn is always possible, perhaps transfusions should never be given to obstetrical patients who have iron deficiency anemia and hemodilution of pregnancy as their only problem. Rather, reliance should be placed on the recuperative powers, with iron therapy, of the average young woman. (Waltz, D. V.: *An Effective Hospital Transfusion Committee*, J.A.M.A. 189: 660 (Aug. 31) 1964.)

**HYPERBARIC OXYGENATION** Observations in nine patients with clinical tetanus revealed active regression of symptoms following hyperbaric oxygen therapy. Progression of the disease was arrested and reversed, and seizures were reduced. The improved mental clarity and cooperation of these patients re-

sulted in better control of respiratory problems and nutritional requirements. The need for tetanus antitoxin and tracheotomy was avoided. The mechanisms by which hyperbaric oxygen exerts its effect are probably suppression of tetanus bacteria by the penetration of high oxygen tensions into areas of anoxia, thereby preventing toxin formation; direct oxidation of the toxin; and a beneficial effect on the diseased nerve cells by high oxygen partial pressure. No apparent ill effects were noted during therapy, although treatments were interrupted at 15 to 30 minute intervals as prophylaxis against oxygen toxicity. (Pascalle, L. R., and others: *Treatment of Tetanus by Hyperbaric Oxygenation*, J.A.M.A. 189: 408 (Aug. 10) 1964.)

**OXYTOMIC DRUGS** A group of 1,459 parturient women were the subjects of a controlled double-blind study assessing the effects of oxytocin, methylexgonovine maleate and a placebo upon the fourth stage of labor. Although patients in the placebo group had a higher incidence of hemorrhage and more often required additional treatment in the form of an oxytomic agent, 88 per cent of this group had no difficulty. Methylexgonovine maleate was the agent most effective in preventing postpartum hemorrhage. Postpartum blood pressure rises occurred in all three groups, most frequently following methylexgonovine maleate and least often following placebo. In patients with toxemia of pregnancy, methylexgonovine maleate was associated with a high incidence of severe pressor responses. In patients with toxemia, if an oxytomic agent is required, oxytocin is the drug of choice. (Howard, W. F., and others: *Oxytomic Drugs in Fourth Stage of Labor*, J.A.M.A. 189: 411 (Aug. 10) 1964.)

**CARDIOVERSION** Patients were prepared with quinidine sulfate for a minimum of 18 hours, and digitalis was temporarily withheld until reversion was completed. Patients were anesthetized with intravenous thiopental sodium. They received the precordial electroshock after anesthesia was established, and awakened when normal rhythm had occurred, anesthesia time being three to seven minutes. This short-duration anesthesia proved to be no