

perhaps heavily sedated for 24-48 hours post-operatively.

Summary

The changes measured suggest that the differential solubility of nitrous oxide and nitrogen is responsible for change in middle ear mechanics, and that this change may be prolonged and contribute to postoperative hearing loss if normal equilibrating mechanisms are comprised.

References

1. Eger, E. I., II, and Saidman, L. J.: Hazards of nitrous oxide anesthesia in bowel obstruction and pneumothorax, *ANESTHESIOLOGY* 26: 61, 1965.
2. Zwislocki, J.: An acoustic method for clinical examination of the ear, *J. Speech Hearing Res.* 6: 303, 1963.
3. Thomsen, K. A., Terkildsen, K., and Amfred, I.: Middle ear pressures variations during anesthesia, *Arch. Otolaryng.* 82: 609, 1965.
4. Lindquist, E. F.: Design and Analysis of Experiments in Psychology and Education. Boston, Houghton Mifflin Co., 1965.

Anesthesia

FETAL pH Determinations of fetal scalp blood pH were made serially during labor. The first determination was made when the cervix was dilated 4 cm. The fetal scalp was made hyperemic with Frigiderm, and then silicone applied to promote the formation of a discreet drop of blood. The scalp was grasped with an Allis clamp, and a puncture made with a knife blade. Blood was collected in a capillary tube, and analyzed with a Radiometer pH meter. In addition, umbilical artery and vein blood pH were determined at birth. The pH of the fetal scalp blood was found to usually lie between that of the umbilical artery and vein. There was a good correlation between Apgar score and scalp blood pH. pH usually decreased slightly during labor. There was a poor correlation between clinical signs of distress, such as changes of fetal heart rate or passage of meconium, and scalp pH. Determination of scalp pH in the unborn may aid in determining the need for prompt delivery when fetal distress is present. (McDonald, J. S.: *Evaluation of Fetal Blood pH as a Reflection of Fetal Well-Being*, *Amer. J. Obstet. Gynec.* 97: 912 (April) 1967.)

ABSTRACTOR'S NOTE: Beard and Morris (*J. Obstet. Gynec. (Brit. Comm.)* 73: 860) reports two infants who died after exsanguination from scalp punctures.

PARACERVICAL BLOCK A total of 167 patients ranging between 15 and 55 years had dilatation and curettage with paracervical block anesthesia using 1 and 2 per cent lidocaine. Most, but not all of the patients had meperidine and atropine premedication. Good anesthetic results were obtained in 168 patients and fair to poor in 8, due to inaccurate placement of the anesthetic agent posterolaterally. Only one patient had transient faintness and dizziness, which was believed to be secondary to an allergic drug reaction. (Van Praagh, I. G. L., and Povey, W. G.: *Paracervical Block Anesthesia for Dilatation and Curettage*, *Amer. J. Obstet. Gynec.* 29: 167 (Feb.) 1967.)