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Pediatrics

LARYNGEAL EDEMA In the postanesthetic period, laryngeal edema and tracheitis with obstructive croup-like symptoms occur in some children who undergo intubation for surgery. In some children the obstruction progresses despite the usual therapy with cool humidification and corticosteroid therapy and requires more active means to establish a normal airway. Positive-pressure assistance to ventilation and nebulization of racemic epinephrine have been effective in relieving the obstruction in all children with this complication without recourse to reintubation or tracheotomy. (*Jordan, W. S., and others: New Therapy for Postintubation Laryngeal Edema and Tracheitis in Children, J.A.M.A. 212: 585 (April) 1970.*)

MAGNESIUM SULFATE During a 14-year period, 7,000 infants were born of mothers who had received magnesium sulfate parenterally for treatment of pre-eclampsia or eclampsia. Magnesium sulfate was administered intramuscularly in doses of 30 to 40 g/24 hours and was maintained for as long as necessary provided reflexes remained active, urinary output exceeded 100 ml/4 hours, and respiration was not depressed. Magnesium levels in umbilical cord blood of 118 infants and in 42 mothers were determined. The level of magnesium in the serum of the fetus rapidly approached that of the mother, but was not associated with any deleterious effects upon either fetus or newborn. (*Stone, S. R., and Pritchard, J. A.: Effect of Maternally Administered Magnesium Sulfate on the Neonate, Obstet. Gynec. 35: 374 (April) 1970.*)