

no problem. The tables just fit the standard 72-character width of a Teletype—the usual output device in a small installation. The program can be keyed directly onto FORTRAN cards from the source listing; comment labels (identified by a "C" in the left-hand margin) may be omitted.

Program output consists of five tables that list the vapor pressures of ether, halothane, methoxyflurane, trichloroethylene, and chloroform. The vapor pressures are tabulated in mm Hg, and the temperatures in degrees Celsius. The base temperature appears in the left-hand margin, one integer value per row (fig. 1). The table is divided into ten vertical columns, each representing a 0.1 C increment of the base temperature. The third row from the top in the figure, for instance, lists from left to right ether vapor pressures at 20.0, 20.1 . . . 20.9 C.

To alter the temperature limits, merely change the indexing parameters in statement

#300 from the present 15 and 25 to the desired lower and upper limits. The only restriction on the temperature range is that the index parameters must be positive non-zero integers.

Fortran source program and/or tables will be available from the author on request.

References

1. Fink BR, Morikawa K: A simplified method for the measurement of volatile anesthetics in blood by gas chromatography. *ANESTHESIOLOGY* 32:451-455, 1970
2. Hill DW: Physics applied to anesthesia. V: Gases and vapours. *Brit J Anaesth* 38:476-481, 1966
3. Herchl R: An equation for the calculation of the saturated vapour pressure of methoxyflurane (Penthrane). *Canad Anaesth Soc J* 17: 541-543, 1970
4. Bottomley GA, Seiffow GHF: Vapour pressure and vapour density of halothane. *J Appl Chem* 13:399-402, 1963

Obstetrics and Pediatrics

PARACERVICAL BLOCK Questionnaires were sent to 150 maternity units in Germany requesting that each unit provide information about maternal and infant complications associated with paracervical block anesthesia. Replies were received from 107 units, comprising a total of 32,625 patients. The incidence of fetal complications was appreciably greater when bupivacaine was used than when lidocaine or mepivacaine was used. There were 31 fetal deaths in 19,907 mothers given bupivacaine (20 ml of 0.5 per cent solution); one fetal death in 4,132 mothers given mepivacaine (20 ml of 1 per cent solution); no fetal deaths in 400 mothers given lidocaine (20 ml of 1 per cent solution). There were no maternal deaths, but two patients had transitory convulsions from overdoses of mepivacaine. The highest safe dose of bupivacaine is 50 to 60 mg, or 1 mg/kg body weight. (*Beck, L., and Martin, K.: Hazards Associated with Paracervical Block in Obstetrics, Germ. Med. Monthly* 15: 81 (Feb.) 1970.)

SUSTAINED LEFT UTERINE DISPLACEMENT Relief of inferior vena caval occlusion by left uterine displacement is the most valuable method for correcting maternal hypotension prior to vaginal delivery or during cesarean section under spinal anesthesia. A stainless steel instrument now available can be attached to the operating table and will maintain continuous left uterine displacement prior to delivery without interfering with the performance of cesarean section. In a small "control" series of patients, 83 per cent became hypotensive. This group did not receive large intravenous infusions of fluids or prophylactic vasopressors. When the instrument was used for continuous left uterine displacement in another group of similar patients, 42 per cent developed hypotension. Of these, half responded to fluids and the other half to ephedrine. (*Kennedy, R. L.: An Instrument to Relieve Inferior Vena Cava Occlusion, Amer. J. Obstet. Gynec.* 107: 331 (May) 1970.)
ABSTRACTER'S COMMENT: This instrument deserves further evaluation and may well prove to be a useful adjunct to prevent arterial hypotension during obstetrical spinal or epidural anesthesia.