

4. Billin AG: Patient safety and electrosurgery. *Assoc Operating Room Nurses J* 14:62-68, 1971
5. Dobbie AK: The electrical aspects of surgical diathermy. *Biomed Eng* 4:206-216, 1969
6. Friedlander GD: Electricity in hospitals: Elimination of lethal hazards. *IEEE Spectrum* 8:40-45, 1971
7. Leeming NA, Ray C, Howland WS: Low voltage direct-current burns. *JAMA* 214:1681-1684, 1970
8. Marx GF, Steen SN, Foster ES, et al: Burns from needle electrodes of electrocardiogram monitor. *NY State J Med* 68:2083-2084, 1968
9. Mitchell JP, Lumb GN: The principles of surgical diathermy and its limitations. *Br J Surg* 50:314-320, 1962
10. Mitchell JP, Lumb CN: *A Handbook of Surgical Diathermy*. Bristol, J. Wright & Sons Ltd., 1966
11. Wald AS, Mazza VDB, Spencer FC: Accidental burns associated with electrosurgery. *JAMA* 217:916-921, 1971
12. McLean AJ: The Bovie electrosurgical current generator: Some underlying principles and results. *Arch Surg* 18:1863-1873, 1929
13. Association for the Advancement of Medical Instrumentation Subcommittee on Electrical Safety. Recommended AAMI Safety Standard for Electromedical Apparatus. Part I. Safe Current Limits. Bethesda, AAMI, March 18, 1971
14. Dudzinski PJ, Petrone AF, Sittner WR: A new electrosurgical unit: Report on clinical trials. *J Urol* 105:712-713, 1971
15. Goddard DW, Jones WR, Wescott JW: *A Discussion of Electrosurgical Units*. Englewood, Colorado, Electro Medical Systems Inc., June 11, 1971
16. Rider JF, Prensly SD: *How to Use Meters*. New York, J. F. Rider Publishing Co., 1960, pp 74-77, 177-182
17. National Fire Protection Association. *High-frequency Electrical Equipment in Hospitals, 1970*. NFPA No 76CM 5M-10-70-FP. Boston, Mass., 1970
18. Geddes LA, Baker LE: The specific resistance of biological material—a compendium of data for the biomedical engineer and physiologist. *Med Biol Eng* 5:271-293, 1967
19. Bettman RB, Crohn NN: Diathermy in the production of deep temperature. *JAMA* 88: 532-537, 1927
20. Dowse CM, Iredell CE: The effective resistance of the human body to high-frequency currents. *Arch Radiol Electrotherap* 25: 33-46, 1920
21. Department of Health and Social Security, *Hospital Technical Memorandum 8, Safety Code for Electro-medical Apparatus*. London, Her Majesty's Stationery Office, 1969, p 16
22. Bruner JMR: Hazards of electrical apparatus. *ANESTHESIOLOGY* 20:396-425, 1967
23. Monks PS: Safe use of electro-medical equipment. *Anaesthesia* 26:264-280, 1971

Obstetrics

FETAL OXYGENATION AND HEART RATE An experimental model in the subhuman primate where the cardiovascular and acid-base state of the near-term fetus can be directly monitored during labor has been developed. The relationship between late deceleration of the fetal heart rate, acid-base state, and level of oxygenation was studied in a series of 30 experiments. Fetal acidosis, hypoxia, and hypotension during labor were associated with an increase in baseline heart rate and late deceleration of the fetal heart rate following each uterine contraction. The late deceleration appeared as a marked transient bradycardia and was accompanied by a further decrease in fetal oxygen levels. In well-oxygenated fetuses, heart rate or the level of oxygenation during uterine contractions did not change. Late deceleration of heart rate was abolished or suppressed when the level of fetal oxygenation was increased by administration of a high concentration of oxygen to the mother. However, since fetal acidosis and hypotension persisted despite improved oxygenation, it is concluded that fetal hypoxia is the essential component leading to late deceleration of the heart rate. (James, L. S., and others: *Mechanism of Late Deceleration of the Fetal Heart Rate*, *Am. J. Obstet. Gynecol.* 113: 578-582, 1972.)