

"rush" of opioid administered iv, from the enforced immobility on a narrow operating table, from oral discomfort due to mouth breathing of dry gases, and from the encouragements to stay awake, at first partially masked the morphine effect. After one to two hours, accommodation plus morphine sedation overcomes these arousal mechanisms. The latter view is compatible with placebo response reported by Lambertsen, Wendell and Longenhagen.<sup>10</sup> In that study, isohypercapnic ventilation tended to increase several liters per minute, peaking at about half an hour and tending to return toward control values thereafter.

### References

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### Obstetrics

**ABNORMAL PREGNANCY AND SURFACTANT MATURATION** In a random sample of 134 pregnancies, amniotic fluid lecithin/sphingomyelin (L/S) ratios of 2.0 or more were not associated with the development of neonatal respiratory distress syndrome (RDS). With lower ratios, RDS occurred regardless of gestational age and birth weight. The L/S ratio reached 2.0 at approximately 35 weeks' gestation in normal pregnancies. A study of 147 pregnancies with maternal, fetal, or placental disease states revealed alterations in rate of maturation of fetal lungs away from the 35-week norm. Toxemia, hypertensive renal disease, severe diabetes, and retroplacental bleeding cause much earlier achievement of L/S ratios of 2.0 or above, while mild diabetes, chronic non-hypertensive glomerulonephritis and hydrops fetalis delayed pulmonary surfactant maturation beyond 35 weeks' gestation. The authors conclude that chronic intrauterine stress generally causes early maturation of pulmonary surfactant and decreases the risk of neonatal RDS despite the higher incidence of low birth weight and prematurity. (Cluck, L., and Kulovich, M.: *Lecithin/Sphingomyelin Ratios in Amniotic Fluid in Normal and Abnormal Pregnancy. Am J Obstet Gynecol* 115: 539, 1973.)