

- anesthetics. *ANESTHESIOLOGY* 28:432-437, 1967.
6. Reynolds F, Taylor G: Maternal and neonatal blood concentrations of bupivacaine. A comparison with lignocaine during continuous extradural analgesia. *Anesthesia* 25:14-23, 1970.
 7. Tucker GT, Boyes RN, Bridenbaugh PO, et al: Binding of amide-type local anesthetic in human plasma: II. Implications *in vivo*, with special reference to transplacental distribution. *ANESTHESIOLOGY* 33:304-314, 1970.
 8. Finster M, Morishima HO, Boyes RN, et al: The placental transfer of lidocaine and its uptake by fetal tissues. *ANESTHESIOLOGY* 36:159-163, 1972.
 9. Tucker GT, Morishima HO, Finster M, et al: Binding of amide-type local anesthetics in human plasma. I. Relationships between binding, physicochemical properties and anesthetic activity. *ANESTHESIOLOGY* 33: 287-303, 1970.
 10. Lund PC, Cwik JC, Gannon RT: Etidocaine (Duraneft): A clinical and laboratory evaluation. *Acta Anaesthesiol Scand* 18:176-188, 1974.
 11. Bridenbaugh PO, Tucker GT, Moore DC, et al: Preliminary clinical evaluation of etidocaine (Duraneft): A new long-acting local anesthetic agent. *Acta Anaesthesiol Scand* 18: 165-171, 1974.
 12. Editorial: Obstetric analgesia and the newborn baby. *Lancet* 1:1090, 1974.
 13. Desmond MM: Obstetric medication and infant behavior. *ANESTHESIOLOGY* 40:111-113, 1974.
 14. Dubowitz V: Neurological fragility in the newborn: Influence of medication in labour. *Br J Anaesth* 47:1005-1010, 1975.
 15. Tronick E, Wise S, Als H, et al: Regional obstetric anesthesia and newborn behavior: Effect over the first ten days of life. *Pediatrics* 58:94-100, 1976.
 16. Levinson G, Shnider SM: Placental transfer of local anesthetics: Clinical implications. *Parturition and Perinatology, Clinical Anesthesia*. Philadelphia, F.A. Davis, 1973, pp 173-185.

Thoracic Anesthesia

FIBEROPTIC BRONCHOSCOPY The fiberoptic bronchoscope is especially valuable for evaluation of peripheral lung densities, in elucidating hemorrhage of obscure cause, and in examination of patients on respirators or those who have cervical or cranial disease. The rigid bronchoscope retains certain advantages; it is preferred for removal of a foreign body or broncholith, for pediatric bronchoscopy, for aspiration of massive hemorrhage or retained thick secretions, and

for use in patients with narrowed tracheal diameters. The fiberoptic scope permits visualization of the larynx and nasopharynx. (Krock CJ: *Fiberoptic bronchoscopy, Carle Selected Papers* 28: 26, 1975, Urbana, IL.) **ABSTRACTER'S COMMENT:** The fiberoptic bronchoscope can serve as a guide over which an endotracheal tube can be passed in a patient whose anatomy prevents visualization of the larynx with a conventional laryngoscope.