spectively, we believe it to be significant. As a preanesthetic medication, demerol is not surpassed by the other preanesthetic combinations in common use. The amount of anesthetic agent required is approximately the same as in those patients receiving barbiturates. There were no major pulmonary complications. Intravenous administration has been employed in those patients admitted in active labor and expected to deliver within 2 hours. It has also been used for premedicating cesarean sections. . . . The only maternal untoward effects in the series were seen in the intravenous group. With the exception of transient nausea in one-fourth of the cases, no further side effects were seen when the drug was administered slowly, taking a minimal two minutes by the clock to inject 2 cc. (100 mg.). The analgesic properties of demerol are demonstrated by a series of 37 patients delivered without anesthesia, of whom 79 per cent could recall no pain whatsoever. Demerol exerts no demonstrable depressant effect on either full-term or premature infants, whether administered by the intramuscular or the intravenous route. In view of the satisfactory amnesia, the absence of pulmonary complications, and the freedom from depressant effect on the fetus, it is our opinion that demerol in conjunction with scopolamine is superior as an obstetrical analgesic to other analgesics in common use." 16 references.

J. C. M. C.

SAGE, E. C.: *The Care of the Parturient Woman in Relation to Neonatal Mortality.* J. A. M. A. **124**: 339–343 (Feb. 5) 1944.

"According to several observers, asphyxia is the most important and frequent cause of neonatal death. . . . The prevention of fetal asphyxia demands methods of obstetric anesthesia and analgesia that do not produce fetal anoxemia or injure the fetal respiratory center. The answer to this prayer, theoretically, is continuous caudal anesthesia. . . . This method must not be employed by those who are not adequately trained both in the administration of anesthesia and in obstetrics. With this type of anesthesia, primary respiration in the infant is established promptly, and maternal anesthesia is satisfactory without producing harmful fetal asphyxia. . . . Caudal anesthesia requires both technical skill and institutional supervision." 23 references.

J. C. M. C.

TORPIN, RICHARD: *The Care of the Fetus during Labor.* J. A. M. A. **124**: 343–351 (Feb. 5) 1944.

"In this day and age some sort of amnesia, analgesia or anesthesia in labor is necessary as well as prudent. Probably all the methods have on occasion some deleterious effect on the fetus, one of the older of the modern methods, twilight sleep (morphine and scopolamine) having gained a notorious reputation for its blue babies, and the youngest, continuous caudal analgesia, being associated with a high incidence of forceps deliveries. Very likely the method most universally used is that of amnesia produced by the shorter acting barbiturates and scopolamine. Properly administered, the latter has the advantages of being less depressing to the fetus than some of the others and of being quite easily administered and usually quite satisfactory from the mother's point of view. Infants are depressed in some cases, some being apparently more susceptible than others, and if inhalation anesthesia, as ether or cyclopropane, is used in the late second stage, the infant may be very depressed, as it is also in case of additional difficult operative delivery. Consequently with the use of barbiturates and scopolamine, it is well to

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