

pressure immediately on withdrawal of the bronchoscope, and the vicious circle of asphyxia is thus broken at its inception. . . . The method is suitable only for the experienced bronchoscopist." 8 references.

J. C. M. C.

DONNELLY, J. F.: *Analgesia in Obstetrics*. Am. J. M. Sc. 207: 804-811 (June) 1944.

"The purpose of this paper is to discuss the drugs which are given during childbirth; to relieve pain, to provide the loss of sensation, or to render the parturient amnesic for the pain. The terms analgesia, anesthesia and amnesia are used to describe the preceding effects. These terms are used interchangeably in this paper. . . . Morphine and its related compounds have excellent analgesic properties. . . . In a recent article Mengert concluded that the greatest fetal respiratory depression occurs during the third hour after the administration of morphine and that it should be avoided in premature labors. He feels that, with careful supervision and with adequate resuscitation facilities, it can be used safely. We use morphine sulfate analgesia frequently at the Hospital of the University of Pennsylvania and feel that it is safe when Mengert's warnings are observed. Although heroin and dilaudid produce less fetal depression they are not widely used. . . . According to Stander, barbituric acid derivatives are the analgesic drugs most commonly used in this country. They do not relieve pain but make the patient amnesic. Of these derivatives, pentobarbital is used most widely. . . . Rectal ether, chloral hydrate and paraldehyde are given less frequently than morphine or the barbiturates in labor. They do not produce amnesia as satisfactorily as do the barbiturates and do not offer any greater safety. Nitrous oxide, ethylene, ether and chloroform are well-known inhalation anal-

gesic agents and will not be discussed. Two newer analgesic agents, vinethene and cyclopropane, are in the process of evaluation. . . . The safety of spinal analgesia has been debated since Crook reported its successful use in 1934 for Caesarean section. . . . On account of the potential dangers associated with spinal analgesia it can be used only where proper facilities are available. . . . Although some authors think that intravenous analgesia is safe it is not generally believed to be safe enough for use in obstetrics. Kroger and DeLee reported upon the use of hypnosis to produce analgesia during labor and delivery. They confirmed the observations of others who have used it with success. The low risk to the mother and baby warrant further investigation of this method. No comments need be made on the use of pudendal field block. It is a simple, inexpensive and satisfactory method of relieving perineal pain for delivery.

"The use of Demerol and the introduction of continuous caudal analgesia are the two outstanding new developments in obstetrical analgesia. . . . In spite of recent innovations in the field of obstetrical analgesia, the ideal is yet to be found." 40 references.

J. C. M. C.

MACINTOSH, R. R.: *Publication of Anaesthetic Misadventures*. Brit. M. J. 1: 633-634 (May 6) 1944.

"Dr. John Elam has campaigned persistently for safer anaesthesia. . . . The pages of the medical journals testify that anaesthetists, like other mortals, rush into print more readily with their successes than with their tragedies—yet it is from the latter that more can be learnt. Anaesthetic misadventures are not rare. The accidents I have heard of recently varied considerably in character. One can well imagine the mortification of giving pentothal