

one form of anaesthesia is applicable in all cases. . . .

"From this brief outline it must appear that no perfect form of obstetric anaesthesia has yet been devised, so many and varying are the requirements of the mother, child and obstetrician; but it may be fairly claimed that modern anaesthesia has, during the last two decades, done much to fulfill many of those requirements. Quite recently emphasis has been placed on the importance of the psychological preparation of the pregnant woman for the ordeal of labour—an ordeal which is rightly held to be as much mental as physical. The object of this psychological preparation is the elimination of fear and tension from the patient's mind, so that the element of pain is reduced to a minimum. There can be no doubt that its achievement must go far towards ensuring the success of whatever form of analgesia or anaesthesia is employed during labour." 15 references.

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PEZENIK, O.: *Influence of Steroid Hormones on the Sensitivity of Adrenalectomized Mice to Procaine*. Proc. Roy. Soc. 134: 218-226 (Mar. 25) 1947.

"Certain doses of procaine produce a fall of body temperature, the extent of which is independent of the other symptoms. . . . The experiments described below were concerned with the question whether the adrenal cortex protects against the alkaloid. . . . The experimental animals were castrated male or spayed female mice. . . . In male castrates the selected dose of procaine produced only an insignificant fall in body temperature before adrenalectomy. . . . After adrenalectomy the same dose of procaine, in untreated males, produced an irreversible collapse in body temperature. . . . Non-castrated males did not behave uni-

formly. Some reacted like castrates; in others the alkaloid was no more effective after adrenalectomy that before. Female castrates showed considerable variations before adrenalectomy in their response to procaine. After adrenalectomy, the body temperature fell steeply, on the average, regardless of whether the mice were anoestrous, or in artificial oestrus, or whether oestrogen together with physiological quantities of progesterone had been administered. Of the latter, none of 5 mice treated with 1 mg. and only 4 out of nine receiving 2 mg. of progesterone were protected. . . . This action of procaine, significantly intensified in adrenalectomized animals, is not the expression of a general hypersensitivity to the alkaloid. The collapse of body temperature was not, except in isolated cases, associated with clonus and paralysis, such as were produced by larger doses (from 20 mg./100 g.) in nonadrenalectomized mice. . . . The effect of procaine on the adrenalectomized animals was inhibited by desoxy-corticosterone acetate and by the sex steroids. . . . The mice treated with desoxy-corticosterone acetate were protected against consequences of adrenalectomy as long as the injected ester persisted in the body. . . . Adrenalectomized mice were not protected against procaine by thyroxin." 17 references.

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PLZAK, L. F.: *Modern Anesthesia*. Internat. Coll. Surgeons J. 10: 611-626 (Sept.-Oct.) 1947.

"The rapid advances made in anesthesia have paralleled those made in surgery. Numerous new agents and technics have been introduced, so that a re-evaluation of the older agents and technics is constantly necessary. Single agents are no longer used, but rather combinations of two or more agents that act upon different levels of the