served either during labor or delivery, one must bear in mind that the usual hazards and complications of spinal anesthesia may be encountered with this method as with others. . . . The method is worthy of further use and clinical trial."

J. C. M. C.


"The material presented in this report represents 622 unselected patients that were attended by the author on the obstetric service of this hospital [St. Thomas Hospital, Nashville, Tennessee.] The patients were divided into two main groups for tabulation and analysis. Included in . . . group [one] were 469 patients, 299 of whom were primiparas and 170 multiparas. All patients received vinbarbital sodium orally in combination with scopolamine and in addition vinbarbital sodium intravenously for the completion of labor. . . . Included in . . . group [two] were 153 patients. Sixty were primiparas and 93 were multiparas, to whom vinbarbital sodium intravenously was the only analgesia and anesthesia administered. . . . Vinbarbital sodium appeared to have no effect on the duration of labor. The 'screaming' parturient who is nearing the end of her labor can be rapidly and effectively calmed with intravenous vinbarbital sodium. Slight to moderate degrees of restlessness occurred in 181 patients, or 29 per cent. Seventy-one patients who were slightly restless at the time of delivery were effectively controlled with local anesthesia. One hundred and ten patients who were restless during labor were promptly controlled by additional administration of intravenous vinbarbital sodium.

Complete amnesia was obtained in 61.6 per cent of all patients who received vinbarbital sodium orally with scopolamine. Complete amnesia was obtained in 620, or 99 per cent, following the intravenous administration of vinbarbital sodium. No patients were encountered in whom this method of analgesia and anesthesia was contraindicated. No inhalation anesthesia was required in any instance. The incidence of postpartum hemorrhage was not increased. . . . The majority of patients slept soundly for from one to eight hours following delivery. All expressed a desire for the same method of analgesia and anesthesia for their future deliveries. There was no maternal mortality in the entire series. There was only one complication. This resulted from the accidental injection of vinbarbital sodium into the subcutaneous tissue. The results obtained in 622 unselected private patients indicate that vinbarbital sodium is a most satisfactory agent for the induction of obstetric amnesia, analgesia, and anesthesia." 4 references.

J. C. M. C.


Preventive measures cannot be taken since the etiologic factors involved in convulsions under anesthesia have not been definitely proved. Each author has proposed as the causative factor the singular feature in his case. Anoxia is definitely a cause, but convulsions have occurred when high oxygen concentrations were being inhaled.

The therapy of choice recommended is immediate intravenous administration of sodium pentothal and inhalation of high oxygen concentrations.

M. F. P.