ABSTRACTS

Editorial Comment: A fixed style of presentation for this department of Anesthesiology has purposely not been defined. It is the wish of the Editor’s Board to provide our readers with the type of abstract they desire. Correspondence is invited offering suggestions in regard to the length of abstracts, character of them, and source of them. The Board will appreciate the cooperation of the membership of the Society in submitting abstracts of outstanding articles to be considered for publication.


"Our objective has been to utilize this principle of 'differential subarachnoid block' to develop a safe method which would (a) afford early pain relief without interfering materially with the progress of labor; (b) allow the patient to assume any comfortable position; and (c) obviate the necessity of continuous observation of the level of anesthesia by the anesthetist. The recent development of a vinylite catheter that can be autoclaved repeatedly and can be introduced into the subarachnoid space through a special thin-walled 18-gauge spinal needle simplified this problem. . . . The observations here presented were made on 52 parturients. . . . Continuous-drop spinal anesthesia was started when labor had definitely begun. . . . The skin and underlying structures at the level of the third lumbar interspace were infiltrated with 1 ml. of Novocain-epinephrine solution. A spinal tap was then made with the special 18-gauge needle and the vinylite catheter introduced 1 inch into the subarachnoid space. . . . Immediately following a uterine contraction, with the patient in the sitting position, 2 ml. of 2.5 per cent procaine solution were introduced slowly from a Luer-Lok syringe. Forty-five to 60 seconds after this injection, the patient was asked to lie flat on her back. She was kept in this position until the level of hypalgesia to pin prick extended to the tenth thoracic dermatome. The patient was then elevated to a semi-recumbent position by raising the back rest to an angle of 45 degrees. . . .

"A continuous-drop subarachnoidal infusion of 0.5 per cent procaine hydrochloride was begun at the rate of 3 to 4 drops per minute. With the tunnel clamp adjusted to deliver 4 drops per minute from the reservoir flask, 20 drops measured 1 ml. if the fluid level in the flask was 40 inches above the level of the patient's back. . . . Because the method allows a great latitude in the level of analgesia, the continuous presence of the anesthesiologist is not necessary. The technique is safe. Maternal and fetal complications attributable to the method were negligible."

A. A.


"Palsy of the sixth cranial nerve following spinal analgesia has been reported regularly since soon after the introduction of this method of pain