of other anaesthetists using the new purified form of curare (Squibb-Into-
costin) as an adjunct to anaesthesia stimulated us to venture into this new
technique. . . . From March 1945 to January 1947 this anaesthetic combina-
tion was personally administered to over 400 consecutive cases undergoing
major abdominal procedures with apparently great success. Of the 400 pa-
tients, 33 were considered to be excellent operative risks, 189 fairly good,
162 only fair, 18 poor and 1 bad. The surgeons were particularly pleased
with the results. . . . It would appear that both types of anaesthesia, continu-
oun spinal and cyclopropane with cur-
are, are suitable for major abdominal
surgery. Both can be made to provide
satisfactory abdominal muscle relaxa-
tion for long periods of time. Continu-
oun spinal anaesthesia requires special
apparatus and about twice as much
time to prepare the patient for the sur-
geon. Under the spinal also, the pa-
tient’s general condition did not seem
to be quite as satisfactory as under the
general anaesthetic. . . . The chief ad-
vantages of the cyclopropane curare
method are the ease of administration,
the profound relaxation without evi-
dence of shock and rapid recovery.”
8 references.

J. C. M. C.

Andros, G. J.; Dieckmann, W. J.;
Ouda, P.; Priddle, H. D.; Smitter,
R. C., and Braylan, W. M., Jr.: Spi-
nal (Saddle Block) Anesthesia in
Obstetrics. Am. J. Obst. & Gynec. 55:
806–820 (May) 1948.

“Analgesia and anesthesia are im-
portant medical treatments to anyone
who is in pain. . . . The doctor must
always remember that any interfer-
ce with the normal course of labor—
hypnotics, oxytocics, anesthetics—in-
creases the hazards for mother and
baby. . . . This is a study of 719 cases
of modified saddle block anesthesia car-
ried out at the Chicago Lying-in Hos-
pital between January 5, 1947, and
April 24, 1947. These cases represent
58 per cent of all patients delivered
during this period. . . . The technique
of anesthesia was demonstrated to us
by Parmley, and was used throughout
the study with minor modifications
only in so far as drugs other than Nu-
percan were involved. The majority
of the injections were carried out with
the patient in her labor bed, under the
mattress of which had been inserted
board supports to prevent sagging.
The patient was placed in a sitting po-

tion over the side of the bed, bending
forward and supported by an assistant.
. . . Spinal puncture was made
at the level of the fourth lumbar inter-

space. In case of difficulty at this
point the third space was utilized. A
short-beveled 22-gauge needle three
inches in length was used in the ma-

jority of cases. When a free flow of
clear spinal fluid was obtained, a Luer
Lok syringe containing the properly
prepared solution . . . was attached to
the spinal needle, aspiration of 0.1 c.c.
spinal fluid carried out, and the solu-
tion injected rapidly. At the end of
ten seconds the needle was removed,
and at the end of thirty seconds the
patient was placed flat on her back
with a pillow under the head to keep
the neck sharply flexed. The proce-
dure was timed to be carried out in its
entirety between contractions of the
uterus, to prevent any abnormally high
level or aberration of anesthesia which
might result from spinal fluid turbu-

lence coincident with contraction. . . .
All but seven of the anesthetics were
completed with four drugs: . . . Buf-
fered nupercaine (formerly percaine)
in 1:200 solution, the drug used by
Parmley and Adriani, was adminis-
tered to 404 patients in dosage of 2.5
mg. Premixed unbuffered nupercaine
(2.5 mg./c.c. in five per cent glucose)
was tried in 109 instances. These two
gave statistically similar results... in our hands, and have been grouped together as Drug 1 in our analyses.

"Pentacaine (tetracaine) hydrochloride (Drug 2) was used in 115 cases. The dose was arbitrarily selected as 5 milligrams. By employing the 1 per cent solution of the drug, it was possible to create a technique for preparation with 10 per cent glucose which was identical to that for 1:2000 nupercaine. This was deemed of importance by us in setting up a routine which should prevent accidental improper dosage. . . . Novocain (procaine hydrochloride) (Drug 3) and Metycaine (Drug 4) were selected as shorter-acting agents to be tested under the saddle block technique. . . . Seven additional cases received monocaïne formate. . . . The rate of operative interference in delivery was not significantly increased. Complications attributable to the anesthetic procedure have been a problem. The benefits to the fetus in early spontaneous respiration have been striking. There has been no increase in the fetal or maternal morbidity of mortality." 8 references.

J. C. M. C.


"At Grace Unit of Grace-New Haven Community Hospital, from 1942 to 1946, there were 492 cesarean sections performed using pentothal as the sole anesthetic agent until after delivery. In practically all of these cases, it was the main anesthetic agent throughout the operation, supplemented with a mixture of equal quantities of oxygen and nitrous oxide after delivery of the child. . . . There were no maternal deaths. The incidence of nausea and vomiting was small. The 2.7 per cent atelectasis may at first thought seem high, but when it is considered that many of these operations were done as emergencies, it takes on a much less serious aspect. There were 15 fetal deaths, only 5 of which may have been due in any respect to the anesthesia." 2 references.

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"Since 1941 we have administered 1064 anesthetics, at the Hospital of the University of Pennsylvania, to a total of 974 individuals above the age of 70. The over-all hospital mortality for this group was 4.0 per cent, a surprisingly good survival rate which almost tells the whole story. The aged patient is apparently a better surgical risk than one might assume on casual thought. All types of operations were performed in this series. . . . Spinal anesthesia with procaine, pentocaine, metycaine, or nupercaine was administered 448 times. Two hundred and six pentothal anesthetics were given. Cyclopropane was used on 193 occasions and ether 66 times. Regional block was administered to 150 patients. Avertin, nitrous oxide, and refrigeration anesthesia were also used. . . . Since the majority of elderly individuals are well composed and philosophical, as a rule opiates and sedatives are omitted and only atropine in doses of 0.4 mg. (gr. 1/150) is administered prior to anesthesia. . . . The aged patient usually has a high pain threshold. This makes him often ideal for regional anesthesia and many major procedures were carried out successfully in this fashion. Lest regional block be adopted too widely, however, it must be recognized that reactions to local anesthetic agents are more common in the aged, that tissue irritation from the drug may interfere with tissue repair, and that sup-