analgesia but as yet no report has been made on the relation of this drug to asphyxia of newborns. If respiratory depression from analgesia drugs exists, then asphyxia will result as placental circulation decreases.

Asphyxia results in brain damage and atelestasis. Intratracheal intubation should be done on severely asphyxiated babies. Tubbing, manual artificial respiration, mouth to mouth insufflation and many other treatments of asphyxia produce varying and generally discouraging results. Administration of oxygen and carbon dioxide through an intratracheal tube at 10 to 12 mm. of water pressure and the intravenous administration of 1/20 to 3/20 gr. ephedrine hydrochloride are advised for resuscitation of severely asphyxiated babies. A simple inhalator should be available for infants with mild asphyxia. 22 references.

F. A. M.


Anesthesia for forceps delivery has received far too little attention. General inhalational anesthesia may be responsible for many avoidable fatalities and near fatalities following prolonged labor. A trial of spinal analgesia was undertaken in an attempt to avoid the disastrous results which have been observed after inhalational anesthetics. In 35 cases, most of which were prolonged labors with inertia, spinal analgesia was used. All injections were made through the 4th lumbar interspace with the patient in the sitting position. Spinal fluid was used to dissolve procaine crystals. The dose given was on the estimated difficulty of delivery. The patient remained in the sitting position for five minutes after injection of the procaine. The benefit to the child was especially noticeable in prolonged labors. The danger to the baby from morphine narcosis with superimposed general anesthesia is avoided. As well as being a safe procedure spinal analgesia is important in preventing secondary shock and in minimizing hemorrhage and morbidity. 24 references.

F. A. M.


Spinal anesthesia was used for obstetrics as early as 1890 but the results were largely unsatisfactory. More recent reports show that with improved technique and less toxic anesthetic agents the results are better.

Using a continuous spinal technic, essentially the same as that described by Lemmon, a series of 500 cases was done. Of these 479 were normal and 21 were complicated deliveries. Ninety-five per cent of the anesthesias were satisfactory. In ten cases the results were partially satisfactory, supplementary inhalation anesthesia being necessary for delivery. Three per cent of the cases were completely unsatisfactory due to toxic reactions (7 cases), inadequate anesthesia (5 cases) and inability to perform lumbar puncture (2 cases). One maternal death was in no way due to the type of anesthesia. Fetal mortality, 2.1 per cent, was not related to the anesthesia.

Metycaine and pontocaine were the only drugs used. The needle was withdrawn, after injection of a small dose of the anesthetic solution, just before turning the patient into the delivery position. In 62 per cent of the patients the level of anesthesia was below the umbilicus and uterine contractions continued unabated. In the other 38 per cent the level of anesthesia was above the umbilicus and labor was slowed.