tion of the patient could easily shear off the soft needle as it emerged through the end of the introducer. . . . We now use a No. 19, 4-inch needle whereas before it was necessary to use a No. 18 needle. The smaller needle makes a smaller puncture hole in the dura and as a result, there is less danger of post-spinal headache from leakage of spinal fluid.”

J. C. M. C.


“Tos see how the patient reacts to the spinal solution, it was necessary to have an assistant observe the patient. We decided, therefore, to investigate the possibility of continuous spinal anesthesia. While the method has been used for some time in cesarean section, this is the first attempt, to our knowledge, to apply it to labor and vaginal delivery. This preliminary report is based on our experience in its use on fifty cases. . . . Comparison between the various drugs seems to indicate the superiority of 1.5 per cent metycaine in Ringer’s solution. It has been shown that the most favorable site of injection is the first or second lumbar interspace. Premature institution of the method invariably results in prolongation or cessation of labor. The patient should be in active labor with the presenting part in mid pelvis and the cervix 2 to 4 cm. dilated, depending upon the parity. The progress of the first stage is apparently accelerated. The second stage of labor is altered, and the incidence of operative de-

livery is greatly increased. The third stage of labor proceeds normally, and the blood loss is minimal. This anesthesia is without adverse effect on the baby. We do not advocate this method as a routine procedure and urge caution in its employment. While no serious complications occurred in this series, further trial is necessary to evaluate its future place in obstetrical anesthesia.” 2 references.

J. C. M. C.


“On April 10, 1939, we administered the first continuous spinal anesthesia to a human being. Since then, we have given well over 2,000 anesthetics by this method, and in this communication we are reporting some of our observations and impressions on these cases. . . . In this series of cases we have used procaine hydrochloride as the anesthetic agent, with one exception, when we used metycaine, because the patient was sensitive to procaine. Procaine was chosen deliberately, because we believe that it is the least toxic of all the drugs used for this purpose, and it has the most fleeting action of all the drugs of this nature. . . . We feel that one of the most important steps in the production of a satisfactory spinal anesthesia is the administration of the proper preliminary medication. . . . Our routine is to give the patient 3 gr. of nembutal the night before operation, followed by another similar dose three hours before operation. One hour before operation, a hypodermic injection of morphine sulphate gr. 3/4 and scopolamine hydrobromide gr. 1/100 is given. This dosage is for the average good-risk adult who is not seriously ill. . . . Other than the preliminary dose of ephedrine given with the procaine for skin anes-