may be completely blocked or so reduced as to make the insertion of the needle impossible. 

"The importance of dorsal wall agenesis is directly related to the fact that after the special caudal needle pierces the superficial posterior sacroccygeal ligament it is of necessity 'depressed almost to a level with the body plane, and its point directed upward exactly in the midline, following the axis of the canal for a distance of 1 1/2 to 2 inches.' The presence of any unexpected aperture may permit the point of a dorsally directed needle to escape the canal and thus result in the subcutaneous deposition of the anesthetic agent. Since, 'The needle should be inserted within the canal for a distance of about 5 to 7 cm.,' the distance from the apex of the hiatus canalis sacralis to a superior deficiency of a unilateral, bilateral, or midline aperture is of real clinical significance. . . . In the administration of continuous caudal anesthesia, 'The tip of the coccyx is palpated with the middle finger of the left hand, and the thumb is used to find the U or V shaped notch indicating the sacral hiatus between the sacral cornua. This is usually about 1 1/2 or 2 inches from the tip of the coccyx.' The clinician must, nevertheless, be well aware of the fact that the guiding anatomical features may be completely disguised or alleviated by bony overgrowths and projections." 9 references.

J. C. M. C.


"The cases reported here have been cared for by one person in a general hospital of 200 beds without any resident staff. [Memorial Hospital, Cumberland, Maryland.] . . . In the management of 300 obstetric cases with continuous caudal analgesia both the obstetric and anesthetic procedure were carried out by 1 person with no previous experience with caudal anesthesia. With but 3 exceptions all the patients were watched after the 'induction period' by a graduate nurse, the physician being constantly on call. The necessary subsequent doses of metycaaine were given by the nurse. There were no accidents or complications due to the physician's absence. If the physician cannot be constantly present, it is highly desirable that all the patients be attended by one nurse especially trained and experienced with the method. The method used is that developed by Hingson and Edwards using 1.5 per cent metycaaine in saline solution or preferably isotonic solution of three chlorides. Care should be taken in selecting the patients for this..."