clopropane and less frequent than with other inhalation agents. Distention
is less, and when it does occur is less severe with nitrous oxide." 4 refer-
ences.

J. C. M. C.

THIENES, C. H., AND GREELEY, P. O.: Heart under Cyclopropane. Cali-

"All general anesthetics alter the rhythm of the heart, and produce
demonstrable changes by electrocardiography. The most startling cardiac
changes occur during the administration of chloroform and of cyclopro-
pane. . . . Arrhythmias under cyclopropane anesthesia are most marked at
about apneic concentrations. Deepening the anesthesia with high concen-
trations (50-75 per cent) of cyclopropane in the breathing bag largely abolishes irregularities of the pulse and does not seem to increase the hazard to the patient. The indispensability of an intact hypothalamus for the production of the arrhythmias suggests that this structure, rather than the intrinsic cardiac tissues, is the site of action of the anesthetic agent in this regard." 14 references.

J. C. M. C.

MANSALAN, S. A.: Caudal Block Anes-

"A new technic to obtain caudal anes-
thesia has been devised in an effort to render the procedure more suitable to obstetrics. The technic is as follows: When labor has been well estab-
lished and the patient has received her analgesia, she is turned on her side or asked to assume the knee-chest position. The skin overlying the sacral hiatus is prepared with green soap, alcohol, and tincture of merthiolate. The skin and subcutaneous tissue over-
lying the hiatus are anesthetized with 1 per cent novocain solution. Sterile
rubber gloves are used by the operator. A small incision in the skin is then
made with a No. 11 Bard-Parker blade. A 14 gauge 3½ inch needle is inserted
through the sacral hiatus just entering the sacral canal. A No. 4 Nylon ure-
teral catheter is passed through the lumen of the needle and traverses the
sacral canal until it is stopped by the dura. . . . The needle is withdrawn
and the catheter left in place. . . . The visible portion of the catheter is en-
closed in sterile gauze wrapping and bandaged securely to the back. The
patient continues in labor and receives the routine analgesia. When caudal
anesthesia is desired 30 cc. of 1 per cent novocain solution with 3 to 4
mimos of adrenalin solution (1 to 1000) is injected through the catheter.
A 30 cc. syringe with a 23 gauge 1½ inch needle is used in this latter pro-
cedure. Immediately following the injection the catheter is withdrawn, a
sterile dressing applied to the skin wound, and the patient kept in the supine position until the anesthesia is noted. [A preliminary report of this
work was presented before the Central Association of Obstetricians and Gyne-
cologists, October 10-13, 1940, Indianapolis, Indiana.] The procedure as out-
lined was used on forty-six ward obstetric patients at the William H.
Coeeman Hospital for Women from August 13, 1940, to November 15,
1941. . . .

"The advantages this technic offers over the standard caudal block proce-
dure in obstetrics are as follows: . . . The passage of the catheter beyond the end of the needle proves that it is in the sacral canal. . . . The time to per-
form this procedure can be determined within reasonable limits by the opera-
tor. . . . The danger of the needle piercing the dura is eliminated since
only the catheter traverses the sacral canal. . . . The sacral canal is tra-