lumbar sympathetic block." 6 references.

J. C. M. C.


"A total of sixty-one patients was given continuous caudal analgesia; forty-two primiparas, and nineteen multiparas. The average metycaaine dosage was 1.4 grams. No supplementary anesthesia was needed in any case. Of the forty-two primiparas in this series, twenty-five were delivered operatively, seventeen spontaneously. All the patients receiving caudal analgesia were checked six weeks after delivery, and no complaints or complications were encountered. The advantages of caudal anesthesia are manifold. Pelvic and perineal relaxation is marked. Although the urge to bear down disappears, there is no motor paralysis, and the patient may cooperate by bearing down voluntarily. Uterine tonicity is maximal, and thus blood loss is reduced to a minimum. It is of practical value in dystoeia cases, and may be administered to give an exhausted patient a rest during a protracted labor with gratifying results. The period of labor appears to be shortened in most cases. It is ideal for cardiac or pulmonary conditions." 11 references.

J. C. M. C.


"On Aug. 11, 1942, the first patient in Pennsylvania to be delivered under continuous caudal analgesia had her baby at the Lying-In Hospital. On Aug. 29, 1943, the same patient had her second baby under continuous caudal analgesia. Within this space of time, 2000 Philadelphia mothers have been delivered of babies in absolute comfort and in relative safety to them and their newborn. Because of the interest in this subject in Philadelphia, and because of the influence of the medical schools in this city, the profession throughout the state of Pennsylvania has contributed a great deal more to the development of this new type of pain relief in labor than has been the case in any other state. This may be illustrated by the fact that of the 12,000 babies born under continuous caudal analgesia throughout the United States and Canada, 4000 of them have been born in Pennsylvania. We no longer look upon continuous caudal analgesia as an experiment, but as a new and tried procedure that will be found useful in the practice of safe and painless labor and delivery. There will be improvements and alterations in the method as time goes on, and each should be accepted and evaluated. At all times we should work towards greater safety and simplicity. There is a large field to be explored in the management of the toxic patient, the abnormal presentation, and the premature case. In our few cases of these types, we have been more than gratified with our results."  

J. C. M. C.


"The first continuous caudal analgesia was administered at our hospital [Mount Sinai Hospital, Toronto] on February 19, 1943. To date, our series stands at 31 cases attempted, with 26 (84 per cent) successful administrations and 5 (16 per cent) failures. Continuous caudal analgesia is a difficult technique and should not be attempted by anyone not trained in spinal or local procedures. It provides
adequate relief of pain during the first, second and third stages of labour. Operative procedure or manipulation may be adopted at any time without additional anaesthesia. The second stage of labour is retarded, since the 'battering ram' effect is not present, but if encouraged to bear down and if the anaesthesia is not too high, the patients who would otherwise deliver spontaneously, will do so under caudal analgesia. They do not precipitate. In our experience the incidence of operative interference was not increased even in primiparous women. In our experience the total labour time is considerably reduced, especially the first stage. In none of our patients was there a severe haemorrhage post-partum. As a whole, the blood pressure is not affected, although a mild drop may occur, if anaesthesia is high.”

J. C. M. C.


“...In the present investigation continuous caudal analgesia was employed during labor in a small series of obstetrical patients (77 women, both white and colored, charity and private cases). An effort was made to establish: (a) indications and contraindications; and (b) the effect on the progress of labor... Technical difficulties were encountered in 5 of the 77 patients. In 2 of this group the failure was due to the needle's being outside of the caudal canal. In 3 the needle was in the proper place, but no analgesia developed because a 0.15 per cent solution was supplied through error. Only two of the babies in this series were born apneic and were revived with endotracheal insufflation of air. Nausea and vomiting occurred in about one-fourth of the patients during caudal analgesia. There were no respiratory sequelae and only one circulatory complication. Two of the patients developed infections at the site of caudal injection. One maternal death following caudal analgesia occurred approximately twenty-five minutes after a total of 30 cc. of 1.5 per cent metycaine had been injected...

“A 34-year-old obese Negro, para 2, gravida 3, at full term was admitted to the hospital for observation... For a proposed insertion of a Voorhees bag a caudal analgesia was administered by a resident member of the obstetrical staff who had had previous experience with the technic. The blood pressure immediately prior to analgesia was 130/70 mm. No pulse rate was recorded. Ten cc. of 1.5 per cent solution of metycaine was placed in the caudal canal and care was taken that neither blood nor spinal fluid could be aspirated. Five minutes later an additional 20 cc. were introduced. Twenty minutes from the beginning of the procedure the blood pressure was 105/70 mm. Hg. Analgesia was complete of the perineum, and the anal sphincter was relaxed. The patient felt comfortable and did not complain of any pain. During the next 5 minutes the needle was connected to the rubber tubing and a reservoir bottle of metycaine. A sterile dressing was applied to the area. The patient was asked to turn on her side, but she did not respond and her respirations were not discernible. The blood pressure and radial pressure could not be obtained. Since the patient was in the prone position, immediate artificial respiration by the Schafer method was instituted. This was changed to pure oxygen by intermittent manual positive pressure on the bag...

“...The baby was delivered about 10 minutes after it was first noticed that the mother's respiration had ceased.