

EDWARDS, W. B., AND HINGSON, R. A.: *Continuous Caudal Anesthesia in Obstetrics*, Am. J. Surg. 57: 459-464 (Sept.) 1942.

Using Lemmon's malleable continuous spinal needle, inserted into the sacral hiatus and connected by tubing to a syringe, the authors gave continuous caudal analgesia to 33 obstetrical patients. When true first stage labor pain began, the needle was inserted with the patient in knee-chest or knee-elbow position. (It is stated that the lateral position could be used.) The initial dose was 30 cc. of 1½ per cent metycaine, and subsequent additions of 20 cc. were made, often on the patients' own request, at intervals of thirty to forty minutes. The longest analgesia was for thirteen hours.

Perineal and cervical relaxation, and complete freedom from pain were seen within five minutes of the initial injection in most instances. All operative procedures of perineal delivery were accomplished without supplementary anesthesia. All the babies breathed spontaneously immediately, except in the one instance of a still-birth diagnosed before labor began. The mothers showed no ill effects except for brief vomiting in one case. An eclamptic patient in convulsions improved as soon as the caudal analgesia took effect.

The authors believe that labor was actually shortened, due to the absence of pain and to the complete alertness of the patient in cooperating with uterine contractions. No mention was made of the need to coach the parturient on when to bear down, though this

has been found necessary in the experience of others using caudal analgesia.
W. A. C.

READ, J. M., AND BROWN, J. S.: *A Note Upon More Accurate Measurement of Diastolic Blood Pressure*. Am. Heart J. 24: 182-186 (Aug.) 1942.

"A review of most of the published figures reveals that the probable error in measuring diastolic pressure is greater than it is in measuring systolic pressure. . . . It is common knowledge that, throughout the range of pulse pressure, there is a definite oscillation of the mercury column, or of the needle of an aneroid instrument. As the pressure in the encircling cuff is increased, oscillation begins as soon as this pressure against the artery just exceeds the intra-arterial pressure at the end of diastole. The entrance of each pulse wave into the compressed segment of artery makes a sound, and it also increases the intra-arterial pressure, which is transmitted back through the compressing system into the indicator. This causes an intermittent oscillation which is usually about 1 mm. Hg at the diastolic (and systolic) end points. Attention to these two points of change in amplitude of the movement of the indicator will convince anyone that they correspond to the same points at which the systolic and diastolic pressures are read by auscultation. In fact, it is possible to measure systolic and diastolic blood pressure with considerable accuracy by utilizing only this visual method." 8 references.

J. C. M. C.