specialist in anesthesia seems to fill the needs of the ideal obstetrical analgesia for it provides for the mother a relatively comfortable labor and a painless delivery. The fetal mechanism of the newborn child is not impaired and the obstetrician works under conditions of marked relaxation and freedom from pushing and straining during delivery and postpartum repair. . . . Advantages of continuous caudal anesthesia [are] it is a useful form of block when a general anesthesia is contraindicated, narcotics and sedatives are not necessary, the procedure is simple in the hands of the experienced anesthesiologist, the patients in labor are calm, quiet, relaxed and rational [and] the uterus does not relax and it maintains its normal motility and mechanism. Disadvantages [are] . . . subarachnoid injection of the drug, the complete loss of the subjective symptom of pain [and it] requires a skilled anesthesiologist.

J. C. M. C.

MOON, L. E., AND CHRISTENSEN, J. B.: *Caudal Anesthesia: A Report of 3,500 cases in 21 Years of Proctologic Practice.* Nebraska M. J. **28**: 376–378 (Dec.) 1943.

"Caudal anesthesia has been a popular procedure in rectal and perineal surgery for many years. Our experience with this type of anesthesia began twenty-one years ago and comprises some 3,500 cases. . . . Our use of caudal anesthesia has been limited to rectal surgery. . . . It has been our experience that the anesthesia takes effect more rapidly if the solution is at body temperature. Adrenalin is not contraindicated in our work, and two minims of 1:1,000 is usually added to each ounce of solution. The needle now used is 18 or 20-gauge three and one-half inches long. While a malleable needle may be necessary in continuous caudal, we have used both malleable and steel needles. . . . Two per cent novocaine is used in all cases at present. . . . A test not usually stressed in descriptions of caudal anesthetic is the case with which the solution should inject. . . . Spinal fluid was found in four of the cases here reported, or about 1 case in 1,000. In these cases, the needle was withdrawn only far enough to get out of the dura, and then the novocaine injected as usual. Blood is often encountered in varying amounts, but in no case caused the abandonment of the anesthesia. . . . Anesthetic solutions are now prepared in normal saline. No nerve injury has been demonstrated in any case during the time distilled water was used, but recent studies have proven hypotonic solutions injurious to nerve tissue. In the ordinary individual of average body weight and in general good health, we use a preoperative sedative. . . .

"Six cases of rather sharp reactions were noted in the series. It is possible that these reactions were the result of intravenous injections of two per cent novocaine. . . . The reaction is much like that seen in cases of allergy to foreign protein. . . . Usually, lowering the head and a little reassurance will carry them over the attack, which will last about two to three minutes. In the more serious case, a little oxygen will afford complete relief. We have never failed to get an anesthesia on these cases after the attack has subsided. It will be recalled that intravenous barbiturate and oxygen are indicated in novocaine poisoning. No cases of infection or large hematoma occurred in the series. . . . Caudal anesthesia is never used when the injection must be made into infected skin, or skin that has been covered with pus or drainage from an abscess, pilonidal cyst, or fistula. . . . A reasonable knowledge of the drugs and the sacral anatomy, along with a period of training, should be acquired before caudal anesthesia is attempted." 3 references.

J. C. M. C.

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