

lumbar sympathetic block." 6 references.

J. C. M. C.

CARANGELO, JOHN: *Continuous Caudal Analgesia in Obstetrics*. South. M. J. 37: 80-83 (Feb.) 1944.

"A total of sixty-one patients was given continuous caudal analgesia; forty-two primiparas, and nineteen multiparas. . . . The average mety-caine 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 dystocia 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.

HINGSON, R. A., AND EDWARDS, W. B.: *Continuous Caudal Analgesia: a Step Forward in the Conquest of the Pain of Childbirth*. Pennsylvania M. J. 47: 335-340 (Jan.) 1944.

"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.

CHAIKOFF, J. S.: *Our Experience with the Hingson-Edwards Technique of Continuous Caudal Analgesia*. Canad. M. A. J. 50: 52-60 (Jan.) 1944.

"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