

ABSTRACTS

Editorial Comment: Material for this section is not abstracted in a uniform style. Many employ direct quotations only. Others are written in the more conventional form. At times there may be included a few opinions, personal to the abstractor, which, where they appear, will be bracketed or labeled "Comment." The Editorial Office continues in its desire to receive correspondence from readers relative to the management of this section.

NEWTON, C. W., JR., AND ANDROS, G. J.: *Continuous Caudal Analgesia in Curettage for Abortion*. *Am. J. Obst. & Gynec.* 50: 430-433 (Oct.) 1945.

"The amount of 1.5 per cent mety-caine used has been relatively constant, the smallest total amount injected being 40 cc. and the largest 70 cc. The average dose has been less than 55 cc. . . .

"At first we used vasopressor agents prophylactically to prevent fall in blood pressure resulting from vasodilatation secondary to lumbar sympathetic block. . . . In the latter part of our series we found that it was not necessary to use a vasoconstricting agent routinely if the operating table was put into 5 degrees Trendelenburg position and the legs of the patient elevated as soon as she was placed upon her back.

"SUMMARY

1. In an attempt to decrease blood loss at the time of therapeutic abortion and curettage for incomplete abortion we have used continuous caudal analgesia as an anesthetic method.

2. This technique maintains tonicity of the uterine muscle and at the same time provides analgesia of the perineum, vagina, and in the cervical and fundal portions of the uterus.

3. In 22 consecutive cases average blood loss was less than 40 cc. per patient, varying from less than 5 cc. to

125 cc. Seventeen of the patients lost 50 cc. or less.

4. There were no anesthetic, operative or postoperative complications.

5. Postoperative convalescence and return to normal activity of the patient is hastened."

A. W. F.

NICODEMUS, R. E.; RITMILLER, LER. F., AND LEDDEN, L. J.: *Continuous Caudal Analgesia in Obstetrics on Trial*. *Am. J. Obst. & Gynec.* 50: 312-318 (Sept.) 1945.

"At the Geisinger Memorial Hospital we have endeavored for the past fifteen years to give adequate relief for pain in childbirth. This has entailed the use of numerous methods, always with the idea in mind of giving maximum relief of pain, consistent with safety to both mother and child. We selected for this comparative study the last 500 consecutive deliveries prior to the institution of caudal analgesia, and the first 500 consecutive cases managed with continuous caudal analgesia. . . . We must in all honesty point that our analysis shows that where caudal analgesia is used the labors are longer. Uterine contractions are of less intensity, the expulsive force of the abdominal musculature is lost. Occiput posterior positions rotate less often, and operative deliveries are increased. On the other side of the scales we can place the advantages of this technique, such as easier and safer breech deliv-