

BROWN, W. W., JR.: *Meningitis Following Continuous Caudal Anesthesia*. *Am. J. Obst. & Gynec.* 53: 682-683 (Apr.) 1947.

A 23 year old gravida iii, para ii, was admitted to the hospital four hours after the premature onset of labor. Caudal anesthesia by the catheter technique was begun two hours after admission. Green soap, alcohol and zephiran chloride solution were used in the skin preparation. A No. 4 plastic catheter was inserted into the caudal canal through a No. 16 gauge needle. Waterproof adhesive was used to secure the catheter. The absence of spinal anesthesia was demonstrated by injecting 10 cc. of 1.5 per cent metycaine solution. Four additional injections of metycaine solution, totalling 75 cc., were made during the next two and one-quarter hours. The anesthetic was discontinued but the catheter was left in place when labor did not progress. The patient was restless and seemed more agitated than the severity of the labor pains warranted. When complete dilatation was attained and the head was on the perineal floor, 25 cc. of 1.5 per cent metycaine solution was instilled, making the total 100 cc. or 1.5 Gm. of metycaine in five instillations.

Twenty-four hours after removal of the caudal catheter the temperature suddenly rose to 104 F. and the pulse rate to 100. Nuchal rigidity, hyperactive reflexes, flexure movements of ankle, knee and hip upon passive flexion of the neck were present. Moderate tenderness and hyperemia were present over the presacral area. Spinal fluid was cloudy and under increased pressure. The cell count was 3,000 per cc. and all of them were polymorphonuclear leucocytes. No organism grew on usual laboratory culture media but a smear showed gram positive cocci. Treatment was started with 10,000 Ox-

ford units of penicillin intrathecally, 50,000 intramuscularly, and 5 Gm. of sulfadiazine orally. Continuation of therapy included 2 Gm. of sulfadiazine every four hours, and 50,000 Oxford units of penicillin intramuscularly every three hours. This was continued for five days. Two days after onset of the meningitis the cerebrospinal fluid contained 350 polymorphonuclear leucocytes per cubic centimeter and was less cloudy. At the time 10,000 Oxford units of penicillin were injected intrathecally. Seven days after delivery the cerebrospinal fluid was normal. The patient was completely well when she was discharged on the tenth postpartum day.

Three selected normal patients who had caudal anesthesia were studied and the spinal fluid of each was grossly and microscopically normal. This suggests that neither the plastic catheter nor the metycaine was irritating to the meninges of these three patients. The possibility that the patient entered the hospital during the incubation period of meningitis cannot be denied. It is reasonably certain that the original spinal anesthetic did not enter the patient's dura. 4 references.

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CLAYTON, P. A.; SELDON, T. H., AND PRATT, J. H.: *Air Hunger, an Indication for Blood Transfusion Before Operation: Report of Case*. *Proc. Staff Meet., Mayo Clin.* 22: 204-206 (May 14) 1947.

A forty-nine year old woman gave a history of irregular, sometimes copious, menstrual periods for a period of three years. During the last two months, bleeding had been constant. Her chief complaints were fatigue, weakness and dyspnea. The concentration of hemoglobin was 5.9 Gm. per 100 cc. of blood. She was admitted to the hospital for emergency surgical treatment. Dysp-