By means of the regulator dial, the desired pressure can be quickly and accurately adjusted, and that pressure will be maintained regardless of elapsed time or remaining volume in the unit. Rapid deflation is accomplished by uncoupling the leur-lock. We have used this system for more than two years without difficulty.

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Husband Excluded during Induction of Anesthesia for Delivery

To the Editor:—I read with much concern about the presence of a husband during insertion of an epidural needle into the back of his wife, his subsequent fainting, and the fracture of his skull.[1] I trust that this is not regarded as standard procedure in American hospitals. In our institution where we have an average of more than 8,000 deliveries per year; 6,500 of the mothers have general anesthesia, spinal, epidural or caudal block, and the husband is not allowed to be present during the induction of any form of anesthesia or analgesia. It is, in our opinion, an unnecessary and unacceptable burden on both the husband and the anesthesiologist. It also has potential medicolegal implications. Only after anesthesia and vital signs have stabilized and are adequate is the husband allowed to come into the labor or delivery room.

Recently, there has been a growing interest in the presence of the husband with his wife during a cesarean section. It is believed that if the couple have attended the course of parental education and had planned to be together during a vaginal delivery, it is disturbing to the family to separate them only because of the method of delivery. Therefore, in our institution, the husband is allowed to attend during a cesarean section, but only when spinal or epidural analgesia is employed. Furthermore, he is brought to the operating room after the analgesia is adequate, when no vomiting or nausea is present, and when the vital signs are stable. He is required to sit at the head of the table in a position from which he cannot observe the operative field. Such a policy has been reached after a pilot study was performed in our institution. In this study the couples were questioned by a psychiatrist and the feelings of the obstetricians, anesthesiologists, and nurses were reported. The conclusion of the study was that the couples gratefully accepted it and considered it an important achievement. The staff, however, including the author, had mixed feelings. The majority considered it an inconvenience, but not much greater an inconvenience than that involved in the husband's attending a vaginal delivery. On the whole, the procedure is not particularly encouraged, but when requested, it is usually honored.

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REFERENCE

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In reply:—In contradistinction to Dr. Abouleish, I do trust that allowing properly trained husbands to remain in the room during the administration of epidural anesthesia is standard practice in American hospitals. With an experience of thousands of deliveries at four different teaching institutions, we have found that when the husband has been with his wife during early labor, has been supportive, and

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