

less and non-depressant to the baby, and being a new method of treatment of the dreaded eclampsia of pregnancy. One of the principal objections to its usage is the fact that the obstetrician has to be near the patient the entire time of labor, and this is not possible at all in these wartimes, even if it were in peace times. Undoubtedly the method will be worked out so that the physician will not have to remain with the patient continuously and this method of obstetric analgesia will assume its place in the obstetric analgesic procedures used in hospitals."

J. C. M. C.

EBNER, P. G.: *Use of Continuous Spinal Anaesthesia for Analgesia in Labor and during Delivery: A Preliminary Report.* J. South Carolina M. A. 40: 224-227 (Nov.) 1944.

"It was necessity that prompted the author to investigate the potentialities of continuous spinal for obstetrical analgesia in labor and during delivery. For the author, being unable to obtain training in the technique of continuous caudal analgesia, yet still wishing to make the method available to obstetrical patients under his care, avidly studied the literature on continuous caudal analgesia, and then proceeded cautiously to employ it on a series of five cases, with but partial success in one, and complete failure in the other four. Discouraged by these failures . . . the author mused on the potentialities of continuous spinal anaesthesia. . . . Accordingly, on January 12, 1944, continuous spinal analgesia was started on a primigravid patient during the last part of the first stage of labor. . . . Subsequent to this case and up to the present some fifteen patients have had the benefits of continuous spinal analgesia started at the latter part of first stage of labor. . . . The shortest period of time any of the fifteen patients were under the influence of continuous

spinal analgesia was 1 hour—the first case, while the longest period of time of administration was 3 hours and 30 minutes in the case of an ROP diagnosed as such with cervix dilated to 4 cms. prior to instigating the analgesia. The average length of time for all cases was 2½ hours. The principle of using this form of analgesia only in the late first stage—when pains are at least 5 minutes apart and cervix 4-5 cms. dilated in primiparas with head engaged—or when the termination of labor in the opinion of the operator is not more than 4 hours distant—was decided upon by the author as a precautionary measure in that these early cases represent an introductory period of experimentation. . . . The largest amount of procain-HCl given in any one case was 300 mgms. over a period of 2 hours and 45 minutes in the case of an ROP, while the smallest amount was 125 mgms. over a period of 2 hours and 12 minutes. The incidence of episiotomies was no greater nor less than has been our experience with inhalation anaesthesia. There were no still-births, neo-natal deaths, nor maternal deaths. The series is too small to decide whether this type of analgesia shortens labor, but in any event the author feels that labor was not prolonged. . . . Since this paper was written, twenty additional patients have been delivered by the same technique." 9 references.

J. C. M. C.

McGOOGAN, L. S.: *Local Anesthesia in Caesarean Section.* Nebraska M. J. 29: 377-378 (Dec.) 1944.

"The operation of Caesarean section to be successful requires an operating team of anesthetist, surgeon, scrub nurses, floor nurses and a physician to care for the baby. In many instances in the smaller rural hospitals a competent anesthetist cannot be obtained, sufficient nursing help is unavailable,