

administration: 1. Excitement. . . . 2. Muscular twitchings. . . . [and] 3. Respiratory depressant action. In this series there were three cases of severe respiratory depression. . . .

"The first two patients received both seccal and sigmodal. . . . The third case received only sigmodal. . . . All of the reactions occurred postpartum each patient receiving nitrous oxide and oxygen, and, in addition, 2 of the 3 were given ether anesthesia for the delivery. The synergistic effect of the nitrous oxide and sigmodal causing anoxemia may be the cause of these reactions. The substitution of pudendal block or low spinal for the inhalation anesthesia has recently eliminated this complicating factor. To combat these respiratory depressant actions of the drug such respiratory stimulants as coramine and ephedrine are used. The patients are given oxygen depending on whether or not cyanosis is present. Intravenous fluids are also beneficial in that they decrease the blood level of the drug by increasing its excretion in the urine. . . . Satisfactory amnesia was obtained in 91.5 per cent of patients. . . . The average labor for primigravida was sixteen hours and for multigravida it was nine and seven tenths hours. This is slightly higher than those reported with other agents. The incidence of postpartum hemorrhage was 1.3 per cent. In this series 83.6 per cent of the infants did not require any active resuscitation." 7 references.

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"This paper is written to bring to notice 2 relatively simple technics which do not require the assistance of the specialist anaesthetist and which are available for use by even the occasional operator, namely, pudendal nerve block and perineal infiltration,

and local infiltration anaesthesia for Caesarean section. . . . The anaesthetic agent used in all the work at the Women's Hospital [Sydney, Australia] has been 1.5 per cent solution of 'Metycaine' which has been singularly nontoxic. In the whole series of cases there has been but one in which any reaction to the anaesthetic agent was reported. . . . I should like to present some figures for delivery of infants with breech presentations in primiparae at the Woman's Hospital since 1944. . . .

"Breech delivery was performed on primiparae in 33 cases; the results may be stated briefly as follows: Type of anaesthesia: Pudendal block and perineal infiltration, 30 cases; caudal analgesia, 3 cases; supplemental, 4 cases. . . . Postpartum haemorrhage occurred in three cases. . . . All babies lived; 2 had asphyxia pallida, but all were discharged well. . . . The puerperium was abnormal in three cases owing to a faulty healing of episiotomies. . . . Pudendal block and perineal infiltration is a safe method for both mother and child of delivery in uncomplicated breech presentation in a primipara. . . . I present herewith the statistics for Caesarean section performed under local anaesthesia since 1944. . . . Caesarean section was performed in 53 cases. . . . Anaesthesia Used: Local Infiltration alone, 32 cases; local infiltration plus 'Pentothal,' 13 cases; local infiltration plus gas and oxygen, 2 cases; local infiltration plus ether, 2 cases; local infiltration plus chloroform, 1 case; caudal, 3 cases. . . . The post-operative condition of the mother was good in 49 cases, but complications occurred in four cases. . . . Local anaesthesia, particularly local infiltration supplemented with intravenous administration of 'Pentothal,' is a safe anaesthetic for the mother. . . . There is no anaesthetic risk to the baby." 1 reference.

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