

THE JOHNS HOPKINS HOSPITAL

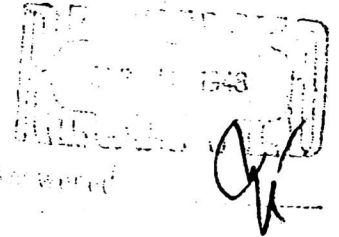
BALTIMORE 5, MARYLAND

ALFRED BLALOCK, M. D.
SURGEON-IN-CHIEF
NICHOLSON J. EASTMAN, M. D.
OBSTETRICIAN-IN-CHIEF
A. MCGEEHEE HARVEY, M. D.
PHYSICIAN-IN-CHIEF

RUSSELL H. MORGAN, M. D.
RADIOLOGIST-IN-CHIEF
ARNOLD R. RICH, M. D.
PATHOLOGIST-IN-CHIEF
FRANCIS F. SCHWENTKER, M. D.
PEDIATRICIAN-IN-CHIEF
EDWIN L. CROSSBY, M. D., DIRECTOR

RICHARD W. TELINDE, M. D.
GYNECOLOGIST-IN-CHIEF
JOHN C. WHITEHORN, M. D.
PSYCHIATRIST-IN-CHIEF
ALAN C. WOODS, M. D.
OPHTHALMOLOGIST-IN-CHIEF

September 9, 1948



Pure Food and Drug Administration
Federal Security Building
Washington, D.C.

Through: Mr. Erick Bjaringer
Astra Pharmaceutical Products, Inc
444 Madison Avenue, New York 22, N.Y.

Gentlemen:

During the past two months at the request of Mr. Erik Bjaringer of the Astra Pharmaceutical Company, we have run a screen test in our clinic with XYLOCAINE as a local anesthetic as a continuous caudal anesthetic and as a spinal and epidural anesthetic in concentrations varying from 1/2 to 1 to 2 per cent with and without epinephrine. We have made a careful study of the pharmacology of this agent and its clinical application by Doctor Terston Gordh of Stockholm. We are able to substantiate most of his findings.

Thus far we have utilized XYLOCAINE in approximately 100 cases in obstetrics and for cesarean section. In this group we have observed no more nausea or side effects of toxicity than is seen upon the injection of equivalent amounts of procaine. The following advantages may be listed:

- 1.- The onset of anesthesia is prompt.
- 2.- Pain relief during labor and delivery and for cesarean section has been adequate.
- 3.- The duration of anesthesia has been about twice as long as that secured with equivalent amounts of procaine.
- 4.- In many instances we have secured conduction anesthesia with about half the quantity of XYLOCAINE that would be required with procaine or metycaine.

In our 100 cases there have been no alarming blood pressure variations. There seems to be a wider diffusion of XYLOCAINE in the extradural space from a given dose of 5 ccs than is accomplished with most of the presently used local anesthetics.


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We are so impressed by the results in this 100 cases that we are continuing an evaluation of this procedure for saddle block spinal anesthesia in obstetrics and in gynecology.

Surgeon James L. Southworth at the United States Marine Hospital in Baltimore, and Assistant Surgeon Dabbs are conducting a companion study of the use of this drug in local anesthesia, which they will submit personally.

Within one week we shall have a more complete case-by-case analysis of our applications of XYLOCAINE as an anesthetic, which we shall forward to you.

Respectfully submitted,



Robert A. Hingson, Surgeon USPHS
Associate Professor of Obstetrics
Director of Anesthesia.

RAH:N

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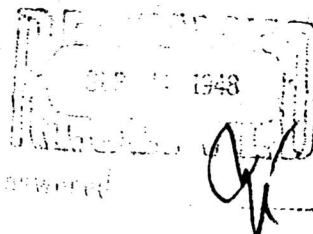
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