have increased CSFP only when CSFP can be monitored continuously and if rapid decompression by removal of CSF can be provided.

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REFERENCES


Substitute Exhalation Valve for the Emerson Ventilator

To the Editor—Mr. Eross (Anesthesiology 35:317–318, 1971) has described a substitute exhalation valve for the Emerson 3-PV ventilator which is interesting. Unfortunately, its value is limited to readers whose hospitals have design departments capable of fabricating custom parts. The same results can be achieved by use of the commercially-available Air-Shields Respirator exhalation valve. The Air-Shields valve not only eliminates the Emerson valve and the long, heavy exhalation tubing, but it also offers capability for graded retardation of exhalation.

The Air-Shields valve substitution has been used daily for about four years on five Emerson ventilators at St. Vincent’s Hospital in Manhattan, with no major problems. It costs more than the price given by Mr. Eross for his custom-made valve, but it is readily available to anyone. I suspect that other commercial exhalation valves, such as the Bennett models, would also work on the Emerson ventilator.

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