Introducer for the Cheng Epidural Needle

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The main difficulty with the Cheng epidural needle is the insertion of the needle into the epidural space. This is due to the fact that the needle sometimes misses the track made by a 15 G. sharp needle.

The introducer is in the form of a groove with a sharp point which can puncture the skin and allows insertion of the introducer to the infra-spinal ligament. The blunt epidural needle can be inserted into the groove of the introducer and puncture through the ligamentum flavum into the epidural space without difficulty.

The groove of the introducer is 3 cm. in length. It is an optimum length for the lower thoracic and lumbar spine because the ligamentum is thick. However, for upper thoracic spinal puncture with the introducer, the length should be adjusted, because the ligamentum is not thick.

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Equipment for Respiratory Resuscitation

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For general resuscitation purposes in the Accident Room and on the wards of Baltimore City Hospitals we have been using the large size (5 liter) Pulmonator bag (Western Anesthesia Equipment Co., Palo Alto, California). A smaller size of the same model was used on pediatric wards.

The Company recently has changed its product to a small-size “neoprene” shell. We would like to draw the attention of our colleagues to this change, because we feel the usefulness of the product is thereby significantly diminished. This new product is more robust and refills faster, but a single-hand squeeze delivers much less air per breath than the models which it displaces. The values below represent the average single-hand squeeze of a number of observers, measured by a Wright Respirometer attached to the patient outlet of the valve.

<table>
<thead>
<tr>
<th>Bag</th>
<th>Single Breath Volume</th>
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<tbody>
<tr>
<td>Old model, large</td>
<td>2,000 ml</td>
</tr>
<tr>
<td>Old model, small</td>
<td>1,250 ml</td>
</tr>
<tr>
<td>New model</td>
<td>650 ml</td>
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This reduction in volume would be unimportant in the hands of those who can make a tight mask fit on a victim’s face, or where the unit is connected to a cuffed endotracheal tube. In our hospital these units are primarily

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