the administration of CO₂ and O₂. . . .
Slowing of the fetal heart can be de-
tected following the induction of spinal
anesthesia in the mother. I ascribe no
clinical importance to this, in view of
the excellent condition of the infants
after delivery. . . . The old belief
which has been often repeated, that
spinal anesthesia in delivery was at-
tended by increased bleeding and
danger of hemorrhage, is not substan-
tiated by observation. . . . We are not
proposing that spinal anesthesia in ob-
stetrics is the best solution to the prob-
lem of analgesia and anesthesia for
childbirth. We do not advocate or en-
courage its use by all physicians prac-
ticing obstetrics. . . . For us it has
yielded good results.”

J. C. M. C.

COMPTON, J. Roy: A New Introducer
and Cannula for Obstetric and Sur-
gical Cases Suitable for Caudal An-
algesia. Am. J. Obst. & Gynec. 52:
503-504 (Sept.) 1946.

In 1944, the author described a pro-
cedure employing the Hingson needle
titled “The Original Pressure Point
Technic for Insertion of the Caudal
Needle.” Recently he has perfected
an introducer and cannula of a new
design which made the pressure point
technic still more effective.

The Compton caudal introducer is a
semicircular introducer with an easy-
to-grasp handle, is 13 gage, 2½ inches
long, made of stainless steel, with a
short bevel to carry the Compton can-
nula or a number 6 ureteral catheter.
The Compton caudal cannula is a num-
ber 5 French cannula, 2½ inches long,
made of stainless steel, with a round
e nd and bilateral fenestra.

Seven advantages are listed, includ-
ing simplicity of use, lessened possi-
bility of infection, less likelihood of
piercing related structures and freedom
from breakage.

M. F. P.

ROBBIE, W. A., AND LEINFELDER, P. J.: 
Oxygen Consumption and Drug Ac-
tion: A Method for Measurement of
the Respiration of Aquatic Animals.
J. Lab. & Clin. Med. 31: 918-923
(Aug.) 1946.

“Many drugs affect tissue respira-
tion, and in order to study the rela-
tionship between drug action and cellular
metabolism it is frequently necessary to
make measurements of the rate of
oxygen consumption. With isolated
cells or tissue slices the Warburg
manometric technique is applicable;
however, with larger intact organisms
it is impractical to maintain oxygen
equilibrium by shaking the immersion
fluid, and some other method must be
used. A modification of the constant-
flow manometric respirometer, de-
scribed previously for use with small
mammals, has been shown to be suit-
able for this purpose. The method is
simple and determinations may be
made at frequent intervals. . . . The
sensitivity may be varied by adjust-
ment of the volume of the system. It
is useful in cyanide inhibition studies.”
5 references.

J. C. M. C.

MILLEN, ROBERT S., AND DAVIES,
JOSHUA: See-Saw Resuscitator for the
Treatment of Asphyxia in the New-
born. Am. J. Obst. & Gynec. 52:
508-509 (Sept.) 1946.

The see-saw method of resuscitation,
described by Eve, was used in a case
of asphyxia in a premature infant. In
this method, the position of the body is
alternated frequently by rocking on a
trestle, so as to allow the weight of the
liver and abdominal contents to drop
downward and thus pull air into the
lungs when the head is raised and the
feet lowered; and the reverse to take
place, causing expulsion of air from
the lungs when the head is lowered and
the feet raised.
Abstracts

The apparatus is pictured and consists of a lucite box, opened at the top and sealed at the edges and the bottom, resting on a platform which has a fixed level at one end. The other end is attached to a rod connected to an electric motor in the bottom of the cabinet that raised and lowers that end of the box a given number of times per minute. The rate may be altered and oxygen may be added. It is permissible to make examinations of the baby and to aspirate the mucus through the open top.

M. F. P.


Until recently there has been no satisfactory way of demonstrating whether or not any given procedure for resuscitation could produce actual movement of the blood. When circulation has stopped pulmonary ventilation alone is not sufficient to produce resuscitation. The authors used the tracer substances, radioactive sodium, fluorescence and oxygen, in determining relative effects of various types of pulmonary resuscitation. This paper reports the results of the injection of radioactive sodium into the circulation of dogs. Movement of blood containing radioactive sodium could be detected by the Geiger-Mueller counter. In their summary of the results of these experiments the author said, "By this method it has been possible to demonstrate that alternate mechanical inflation and deflation of the lungs, or either operation alone, produce a movement of the blood within the vascular system. This movement is sufficient in the dead but heparinized animal to circulate some of the blood throughout the entire body. Mechanical resuscitators, using alternating positive and negative pressures, produce the greatest circulation. As soon as postmortem clotting occurs, little or no motion of the blood can be brought about by resuscitative procedures. When intravenous heparin is used to prevent this clotting, the period during which blood can be moved is greatly prolonged. For this reason the use of intravenous heparin seems indicated in resuscitation, as a definite means of prolonging the possible recovery time of the asphyxiated patient." 3 references.

J. C. M. C.