



FIGURE 1.

ready in most hospital units and are kept in order by the Otolaryngology Department. Intravenous fluids are also available on the floor.

The other drawer is stocked with sterile syringes and suitable needles, including long types for intracardiac administration of epinephrine. Ampules of epinephrine, ephedrine, and analeptics are kept ready. Ampules of pentothal sodium and sterile water are present for use in treatment of patients with convulsions.

The cart is kept in the Anesthesia Division office, where an anesthetist is on call at all times.

The unit was not designed as a model of mechanical perfection or a thing of beauty but it was assembled with a minimum of expense and it fills a definite need.

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POSITION OF CUFF AND DIAPHRAGM FOR TAKING BLOOD PRESSURE READINGS

In taking blood pressure readings during operations the stethoscope diaphragm is usually placed in the antecubital fossa to detect the impulse arising from the brachial artery (fig. 1, old position). Usually the sleeve is pulled up to the axilla or removed, the blood pressure cuff is placed

on the arm, and the diaphragm is fixed with the bracelet or with adhesive tape (fig. 2).

The impulse from the brachial artery is accessible at another point (fig. 1, new position) about 2 inches above the internal condyle of the humerus on the inner aspect

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