

three minutes being taken in each case. Three-quarters of a grain of ephedrine sulfate is administered on the operating table just prior to the spinal tap. Blood pressure readings are taken routinely throughout the operation, and we have but rarely experienced a drop in blood pressure sufficient to require the administration of a vasoconstrictor. Our incidence of postspinal headaches has been practically negligible. . . .

"In the entire series we had but one death, this resulting from an overwhelming general sepsis. . . . We had 13 cases of atelectasis proved by x-ray. Undoubtedly other cases occurred, but our method of fist percussion over a flattened palm laid against the suspiciously affected posterior chest wall until the patient coughs up mucus has unquestionably aborted this condition and rendered x-ray findings negative."

J. C. M. C.

Portable Resuscitator. Bull. U. S. Army Med. Dept. No. 87 (April) 1945.

"A new portable, bellows type resuscitator (Med. Dept. Item No. 3725800) has been adopted by the Army and is being issued for distribution to medical units attached to combat troops. The apparatus consists of an expansible, bellows type bag of about 1,500 cc. capacity, a face mask, an elbow adapter, a metal pharyngeal airway, intake valves, and a pressure limiting valve which prevents pressures in excess of 20 mm. of mercury being exerted during resuscitation. The entire assembly weighs less than two pounds and is packed in a case 6 by 6 inches. This resuscitator should meet all needs for artificial respiration in the field. It can be removed from the carrying case and put into operation in a few seconds' time. There are no adjustments to be made. All valves are automatic. . . .

"There is no rebreathing and no ac-

cumulation of carbon dioxide in the bellows. The valves are arranged so that gases from the lungs are expired directly into the outside air. The lungs deflate because of their elasticity and the elasticity of the intercostal muscles. A mixture of the gases from the lungs and the air or oxygen in the bag is impossible. Each stroke of the bellows supplies only fresh air or oxygen to the lungs."

A. W. F.

PICKRELL, K. L., AND RICHARDS, R. K.: *Pentothal-Metrazol Antagonism. A Method of Shortening the Recovery Period Following Pentothal Anesthesia. A Clinical and Experimental Study.* Ann. Surg. 121: 495-507 (April) 1945.

"Conclusions

"The administration of metrazol given intravenously markedly shortens the recovery phase following sodium pentothal anesthesia in man. In addition, it has relieved profound respiratory depression which has occurred in seven instances in the present study."

A. W. F.

KATZ, L. N.; WISE, W., AND JOCHIM, K.: *Factors Controlling the Coronary Circulation.* J. Lab. & Clin. Med. 30: 374-375 (April) 1945.

"In the intact circulation coronary flow depends primarily on two passive factors: (1) the cardiac output per minute and (2) the state of constriction of the extracoronary systemic blood vessels. Furthermore, changes in these two factors can modify coronary flow independently of obvious arterial blood pressure changes.

"These facts, of course, do not negate the value of powerful coronary vasodilator drugs to supplement such mechanical (and other possible humoral) regulators. However, in employing such drugs care should be