

The tip is a perforated, rounded button soldered to the end of the tubing reservoir. The spring clip, reservoir and the sides of the electrode tip are covered with a single piece of latex tubing. In some cases, manual control of the electrode is needed to prevent it from slipping off the phrenic nerve.

For emergency use and short term stimulation, a probe electrode is more satisfactory than the clip-on type. The probe (not shown) has the same construction at the point where it contacts the skin.

SUMMARY

An inexpensive, portable all electronic electrophrenic respirator has been designed to eliminate some of the disadvantages of electrophrenic respirators using motors. The operation of the circuit and the construction of clip-on neck electrodes are discussed briefly.

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SERIAL STELLATE GANGLION BLOCK

Many technics of blocking the stellate ganglion have been described. We wish to report a case in which the stellate ganglion was continuously blocked for a period of ninety-six hours through a plastic catheter placed in the region of the stellate ganglion.

A 65-year-old colored man was admitted in a semicomatose condition as 7:30 a.m. on January 17, 1950, with right hemiplegia of about one hour's duration. The diagnosis of cerebral thrombosis was made by members of the medical service. At 8:30 a.m. a left stellate ganglion block was carried out with 2 per cent procaine, with no results. At 3 p.m., using the anterolateral approach, a 22 gauge 3½ inch spinal needle was placed on the anterolateral surface of the seventh cervical vertebra and its position confirmed by fluoroscopic examination. A 15 gauge needle was then passed beside the 22 gauge needle to the same location. A small plastic catheter was passed through the large needle to the surface of the vertebra and the large and small needles were withdrawn. A

small amount of neo-iopax was injected through the plastic catheter and, on the roentgenogram, diffusion was seen in the tissue at the level of the seventh cervical and first thoracic segments just to the left of the midline.

Procaine, 5 cc. of a 2 per cent solution in 1 to 1500 pontocaine, with out epinephrine, was injected every four hours for ninety-six hours. The patient was able to eat in twenty-four hours and had recovered much of the motor power of the right leg in forty-eight hours. The catheter was removed ninety-six hours after its insertion.

This report is intended not to demonstrate the value of stellate ganglion block but only to present a method of prolonging the block without destruction of the ganglion.

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