

medicine. It has been found of definite value in the changing of painful burn dressings (7), for cystoscopies and minor urologic procedures, in removal of painful vaginal packs, for incision and drainage of abscesses, for suture of lacerations, particularly in children, and for relief of intractable pain in a patient in the terminal stages of carcinoma. Should large numbers of casualties be thrust upon this country by events of the future, it is possible that such a type of analgesia might prove most important.

Finally, it can be stated that the intermittent self-administration of trichlorethylene primarily for analgesia has proved to be devoid of complications of a serious nature. (8). It provides a means of analgesia which cannot be duplicated by other drugs or technics today.

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SYSTOLIC BLOOD PRESSURE DETERMINATION IN THE NEWBORN AND INFANT

In the newborn and infant it is difficult to obtain blood pressure readings by the auscultatory or oscillatory method. The palpatory method is useful in infants whose blood pressure is normal but is of little value when the young patient is in shock.

Systolic blood pressure readings of reasonable accuracy (5 mm. of mercury as checked by the palpatory method when it was feasible) have been obtained by the following method. The small, 1 inch wide, infant cuff is wrapped around the arm in the usual manner and pinned down. The upper extremity is raised and the arm is gently compressed by the physician's palm in order to blanch it. Simultaneously the cuff is inflated to about 120 mm. of mercury, the extremity is placed horizontally and the palm pressure is released. A demarcated blanched

area remains (fig. 1). The cuff is then gradually deflated at a rate of 2 mm. of mercury per second. The systolic reading is taken at the moment that capillary refill occurs, that is, when the blanched area resumes its previous color (fig. 2).

The normal range of systolic blood pressure readings for newborn infants has been between 70 and 95 mm. of mercury. The method has been useful during operative procedures and in following the progress of the infant in shock. Systolic blood pressure readings have also served as a guide to the rate of blood replacement during exchange transfusions.

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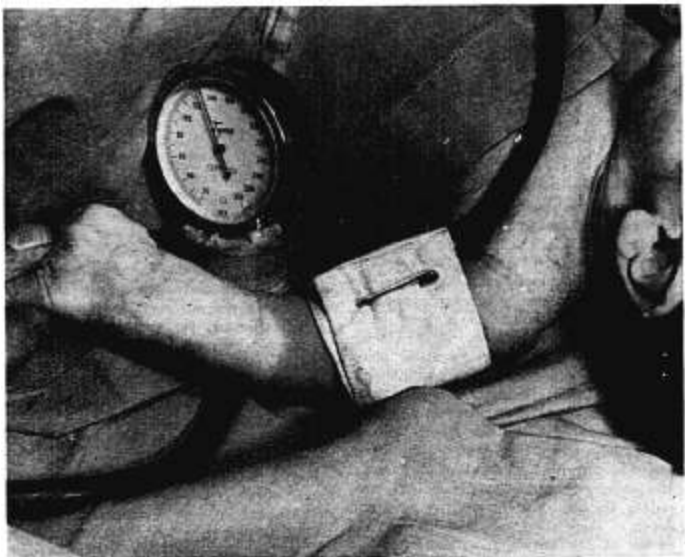


FIG. 1.

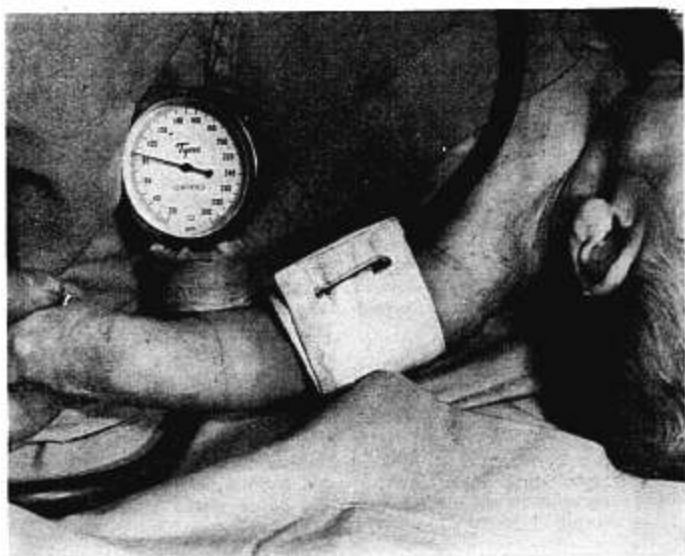


FIG. 2.