

CORRESPONDENCE

HEART MONITOR

To the Editor.—I am surprised to see the apparatus for monitoring the pulse described by Dr. Joyce Sumner in the September–October 1956 issue of *ANESTHESIOLOGY* characterized a “new.” Professor Mushin showed me a similar apparatus at the University of Wales last summer, and I reported, I think for the first time, the use of carbon microphones as pressure transducers for clinical indication of the pulse beat in the *British Medical Journal*, May 31, 1952. In that article I gave a complete circuit diagram, and although this has since been modified, in its essentials it remains the same. I may add that it is quite unnecessary to use amplifying apparatus of any type with a carbon microphone pick-up, and it is possible to construct such apparatus in a simple workshop at a cost of less than twenty dollars.

If any of the Journal readers would like the circuit of my original apparatus which has been in constant use for over five years now, I will be pleased to forward it.

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CARDIAC ARREST POSTER

To the Editor.—The “Cardiac Arrest Poster” developed at the Arnot-Ogden Memorial Hospital, New York (*ANESTHESIOLOGY* 17: 624 (July–August) 1956) is probably an excellent method of obtaining an established routine in these emergencies. However, one most important procedure seems to have been overlooked. I refer to the immediate institution of head-down tilt to the patient. Surely this simple procedure should have received the top priority in the section dealing with the duties of personnel. No experienced anaesthetist needs to be reminded that this in itself will not infrequently restore an adequate circulation to a patient apparently in a state of cardiac arrest. I hope this procedure is not considered too simple in this mechanical age of extracorporeal pumps, defibrillators, and such like instruments.

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INSERTION OF STOMACH TUBES

To the Editor.—Many times one of the most difficult procedures for the anaesthesiologist to accomplish under anesthesia is the insertion of a stomach tube. Conversely, how easy it is to insert a nasal endotracheal tube into the esophagus. Taking advantage of this fact has enabled us to develop a simple technique for inserting a stomach tube. The procedure is a simple one of using a nasal endotracheal tube as an introducer for the stomach tube.

After selecting the stomach tube, lubricate it and pass it through a nasal endotracheal tube. Make sure that the distal end of the stomach tube will pass through the endotracheal tube, for sometimes it is necessary to cut off this end. Next, insert the nasal endotracheal tube into the esophagus, pass the stomach tube through the endotracheal tube, and the task is completed with the removal of the endotracheal tube from the nose.

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