

Transfusion Pump

Dr. Glenn J. Potter of Los Angeles also has worked on the adaptation of a standard blood pump as did Dr. Moyers (ANESTHESIOLOGY, September-October 1961, p. 843). However, Dr. Potter believes that he can diminish the possibility of reflux into the drip chamber and also can clear the bulb of air by suspending the bulb so that it delivers upward. To facilitate positioning and manipulation, he devised a suspension unit composed of a coil spring mounted on a broom closet clip and attached to a stand. He has found, too, that a long cord suspending the bulb from the bottle hook is satisfactory. He believes that there is the greatest merit in one-time use and dependence upon factory sterilization.

The illustration shows the proposed blood pump suspended and connected to a regular transfusion set-up.



Device for Immersion Hypothermia

Drs. Robert E. Ploss, William H. Barbee, and Sister M. Lidwina, of Oakland and San Francisco, California, note that the technique of immersion in ice water remains the most rapid method of inducing hypothermia by surface cooling. Immersion methods have the disadvantages, however, of bulk and of added danger to the patient in the maneuvers from the tub to the operating table.

They have developed a simple, inexpensive portable device for immersion cooling which may be used conveniently in any area of a hospital. Discussion with colleagues who manage hypothermia techniques has convinced them that description of the materials and methods is worthwhile. They make no claims other than local originality; no references are given.

The illustration is self-explanatory. Any model of recovery room gurney may be used. The material is 6 mil (.006 inch thick) poly-

ethylene plastic, available at most canvas suppliers or sporting goods stores. Two sheets, each measuring 9 feet by 4½ feet are used, one over the other. The sheets are reinforced separately at corners and edges with Mystic tape of two or three inch width. Number 2 grommets are fastened in the reinforced areas. The sheets are placed on the gurney to form a "tub." Ordinary light weight sash cord is used to fasten the corners and sides securely but without stress.

The patient is moved on to the gurney prior to induction of anesthesia. The following arrangement is most practical: (1) plastic sheet on the gurney mattress, (2) single thickness cotton sheet over plastic, (3) the patient, (4) single thickness cotton sheet over patient, (5) mixed ice and water "q.s." The sheet over the patient makes removal of the ice easy when the desired body temperature has been reached, and the sheet under the pa-