



FIGURE 1.

ready in most hospital units and are kept in order by the Otolaryngology Department. Intravenous fluids are also available on the floor.

The other drawer is stocked with sterile syringes and suitable needles, including long types for intracardiac administration of epinephrine. Ampules of epinephrine, ephedrine, and analeptics are kept ready. Ampules of pentothal sodium and sterile water are present for use in treatment of patients with convulsions.

The cart is kept in the Anesthesia Division office, where an anesthetist is on call at all times.

The unit was not designed as a model of mechanical perfection or a thing of beauty, but it was assembled with a minimum of expense and it fills a definite need.

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POSITION OF CUFF AND DIAPHRAGM FOR TAKING BLOOD PRESSURE READINGS

In taking blood pressure readings during operations the stethoscope diaphragm is usually placed in the antecubital fossa to detect the impulse arising from the brachial artery (fig. 1, old position). Usually the sleeve is pulled up to the axilla or removed, the blood pressure cuff is placed

on the arm, and the diaphragm is fixed with the bracelet or with adhesive tape (fig. 2).

The impulse from the brachial artery is accessible at another point (fig. 1, new position) about 2 inches above the internal condyle of the humerus on the inner aspect

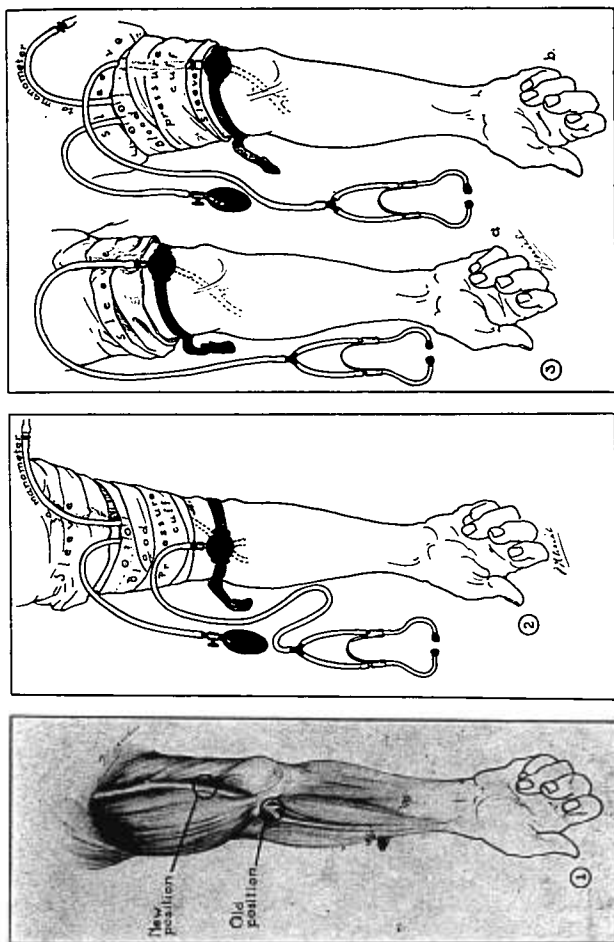


FIGURE 3.

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of the arm. In the Cincinnati General Hospital we usually place the diaphragm in this position, with the sleeve pulled down almost to the elbow (fig. 3a). The cuff is then wrapped around the stethoscope tubing and sleeve (fig. 3b).

One advantage arising from the change is that the diaphragm stays in position. The forearms may be folded over the chest without causing the patient discomfort or dislodging the diaphragm. Placing the cuff

over the stethoscope tubing helps to fix the diaphragm and does not compress the thoracic walls enough to block the transmission of sounds. The cloth cover of the cuff needs washing less frequently because it touches only the sleeve.

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KELLOGG FOUNDATION GRANTS \$35,000 FOR POST-WAR STUDY

The Board of Trustees of the Kellogg Foundation, meeting December 21, voted a grant of \$35,000 for study by the Post-War Planning Committee of the American Hospital Association of the post-war hospitalization needs of America. The worth of this project had already been recognized by a grant of the same amount from the Commonwealth Fund, contingent upon securing the balance of the \$100,000 two-year budget from other sources. The Board of Trustees of the American Hospital Association has voted \$15,000 this period.

The research of this two-year program will seek to determine the adequacy of distribution of present hospital facilities and the best method of insuring adequate hospital care for all citizens. While existing data will be utilized to the fullest extent, conclusions on a nation-wide basis require surveys on a more detailed scale. Recommendations for post-war hospital needs must be considered in the light of racial and climatic differences, relative standards of living and other varying factors which need analysis.

The American Hospital Association and the Trustees of the Kellogg Foundation are in accord as to the urgency of the need of this project; and at the earliest possible date the study commission will be formed and the program will be initiated. The present heavy utilization of hospitals has led many of the boards of trustees of hospitals to plan an extension of hospital services in the immediate post-war future; and legislation directed to establish the method of payment for hospital service on a compulsory basis has been introduced in Congress. This general interest in the functions and facilities of hospitals indicates the necessity of a comprehensive study which will make available expert consultation and statistics related to the individual hospital, the community, and the nation.

COUNCIL ON PUBLIC EDUCATION,
AMERICAN HOSPITAL ASSOCIATION,
JON JENKEL, *Secretary*