

Although we agree hypotension is undesirable, it has not been observed in the first 10 min of life of neonates delivered by cesarean section to pre-eclamptic mothers receiving nitroglycerin intravenously during induction of anesthesia (F. M. James, unpublished observations). In the adult, nitroglycerin is rapidly metabolized by reduced glutathione in the tissues. The absence of hypotensive effects in the infants studied suggests that the neonate may also metabolize nitroglycerin rapidly. Our conclusion remains that investigation of the maternal and fetal effects of alternative hypotensive agents is indicated.

Anesthesiology  
51:476, 1979

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(Accepted for publication May 15, 1979.)

### More on Fathers in the Delivery Room

*To the Editor:*—Your readers may be puzzled by differences expressed by such eminent authorities as Dr. Abouleish,<sup>1</sup> and Drs. DeVore and Asrani.<sup>2</sup> They are both wrong to impose rigid systems in their institutions. We, too, are often asked at parent-craft classes whether the father can remain in the delivery room during clinical maneuvers. We explain that the most important concern is the safety of the mother and her baby, and differences exist among anesthesiologists; some are unaffected by the father's presence, while others feel that it could interfere with their concentration on the mother's welfare. Even an experienced clinician may not have a suitable personality to manage the situation successfully. He would indeed be foolish to proceed with the father in the room if he believed that it could impair his ability to carry out a procedure successfully. When our mothers and fathers come to understand the reasons for differences in approaches, they willingly accept these conditions. Therefore,

while personally encouraging the participation of the father in all phases of the delivery, we recognize the right of others to ask him to leave, as well as that of the father to leave!

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2. DeVore, JS, Asrani R: Paternal fractured skull as a complication of obstetric anesthesia. *ANESTHESIOLOGY* 48:386, 1978

(Accepted for publication May 15, 1979.)

Anesthesiology  
51:476, 1979

### Automatic Blood Pump

*To the Editor:*—Instead of using the pressure device proposed by Waldman and Rebane,<sup>1</sup> one can use a standard orthopedic tourniquet pump\* to pressurize a Fenwal blood pump for rapid transfusion. This automatic tourniquet has a deflate-inflate knob, an increase-pressure knob, and a pressure gauge. Pump pressure can be inflated and deflated instantaneously. The pressure gauge should not be set above 300 torr or the Fenwal pump may rupture. This pump has worked well for me.

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(Accepted for publication May 15, 1979.)

\* Kidde Automatic Tourniquet, V. Mueller, Columbus, Ohio.