A NEW, SIMPLE AND PRACTICAL NEEDLE FOR INTRAVENOUS ANESTHESIA *

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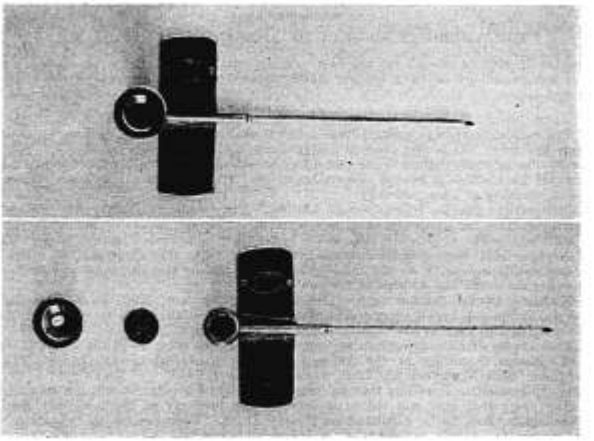
SEVERAL designs of apparatus for intravenous anesthesia have appeared, most of which are of some type of syringe-holder with tubing to the needle in the vein. Since 1941 at the Karolinska Sjukhuset, Stockholm, we have used the needle described below with great satisfaction and I would like to introduce it as I feel it might be of some value both in civilian and military services.



FIGS. 1 and 2. Simple intravenous needle.

The needle is seen in actual size in figures 1 and 2. At the base there is a ring screw at a right angle to the shaft. Inside the ring a rubber diaphragm 1.5 mm. thick is placed. A metal wing for adhesive fixation to the skin is placed at the base. This needle was originally designed by a surgeon in Stockholm, T. Olovsson (Der Chirurg. 12,

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1940), for repeated injections of heparin. After some simple modifications we have adopted it for intravenous anesthesia. After three years we still are very satisfied with this simple addition to the equipment for intravenous anesthesia.

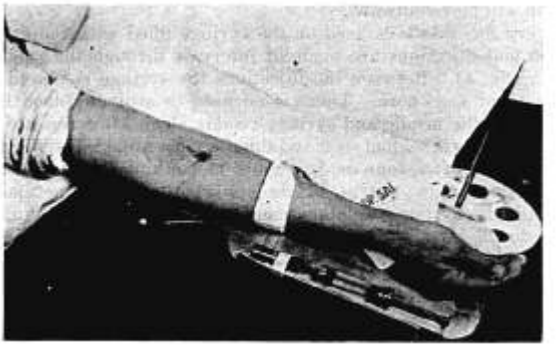

FIG. 3. Needle in position with syringe containing anesthetic solution.

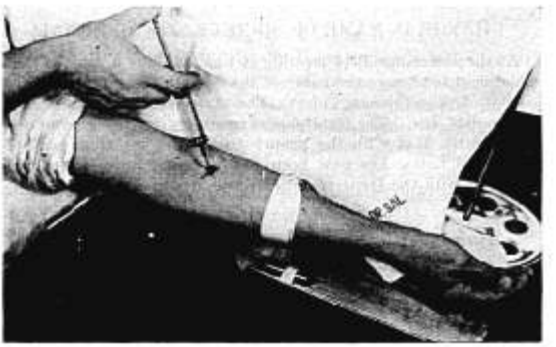

FIG. 4. Injection through rubber diaphragm with fine sharp needle.

The venipuncture can easily be done at any desirable place, at the cubital vein, on the back of the hand or on the foot (fig. 3). Movements of the arm do not spoil the setup as they may do if a syringe is used. Later the patient can be moved from the bed or the stretcher to the operating table with the needle in place.

After testing the patency by injecting solution through the rubber diaphragm, the needle is inserted. If one is not sure that the vein is punctured, the screw is loosened slightly and blood will be visible. In difficult venipunctures, it is advisable to take away the screw-ring and put a drop of fluid at the opening. As the tip perforates the vein wall, the drop will move outward.

A very fine needle is used on the syringe filled with the anesthetic solution and injections are made at intervals through the rubber diaphragm (fig. 4). Between the injections the syringe is placed on the arm-board or elsewhere. There is no need to aspirate blood into the syringe, and the needle and syringe remain clean after repeated injections. Clotting is seldom seen and this fact is a great advantage of this needle. Even after four or five hours of continuous use in the vein, the passage remains patent. It is advisable to use a fine and sharp needle on the syringe, or otherwise the rubber diaphragm might be pushed down. One diaphragm can take about 200 punctures and can be replaced at any time with a new one. When sterilizing the needle, it should be taken apart. This needle can also be used for intravenous slow drip or blood transfusion during the operation.

CHANGE IN NAME OF SOCIETY NOW OFFICIAL

At the December 1944 meeting it was voted as a constitutional amendment to change the name of the Society from The American Society of Anesthetists, Inc. to The American Society of Anesthesiologists, Inc. The legal papers necessary for this change were subsequently filed with the proper authorities in Albany, N. Y., and official notice has now been received that our Society is so registered with the Department of State at Albany, N. Y.