

This historic book may have numerous typos and missing text. Purchasers can download a free scanned copy of the original book (without typos) from the publisher. Not indexed. Not illustrated. 1908 Excerpt: ...of a special operating chamber, etc., was too expensive and too cumbersome to be used where the scene of operation had to be shifted from place to place. His method of positive-pressure operating is to blow compressed air into the lungs through the mouth, but this must be done gently. It has been said that all of the positive-pressure methods lead to dangerous results, because of bad effect upon the circulation. Yet experimental work upon dogs, with the thoracic cavity open, with exact estimation of blood pressure, showed no changes. The pulmonary pressure showed no change. In the presence of open wounds of the chest, with air compression there is no change in the blood pressure. This seemed to dissipate this erroneous idea. He spoke particularly of one experiment, where oxygen was introduced through a thoracotomy wound by means of a catheter, with both thoracic cavities open, and the animal was kept alive over one hour. This has, likewise, been proven by simply allowing air to enter through the catheter, with both sides of the chest open, with no bad results. He said that the results obtained by experimental work, and by actual operations upon the human subject, with positive pressure, showed that circulatory disturbances do not occur, and neither does embolism. When vomiting occurs, there is a chest mask for application to the chest. He advocated the use of rectal anesthesia in operating upon these cases. Samuel Robinson, of Boston, then gave another paper on the positivepressure method of operating in intrapulmonary surgery. He said the difficulties of operating in this region may be laid at the door of a rigid operating wall (the chest), and the deep-seated position of the viscera. He expressed the opinion that better results are obtained upon the human...

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