

large masses of people mouth-to-mouth and mouth-to-nose resuscitation. The National Research Council in 1957 recognized the superiority of these two techniques over all other manual methods and its recommendations were accepted internationally.

Soon the search began for an effective training manikin, one that was inexpensive yet practical and The manikin had to duplicate human respiratory functions having a neck that could be hyperextended to provide a clear airway, lungs that could be inflated through the mouth and nose, and a chest that could rise and fall in a life-like manner. Additionally, the rescuer had to be able to hear air

(Continued on page 48)

Once Upon a Time

(Continued from page 47)

escape during exhalation to indicate the degree of effectiveness of the resuscitation efforts.

Laerdal heeded the society's requests but added that the manikin should not only be life-size and lifelike, but aesthetically appealing as well. As the manikin evolved, Laerdal had difficulty finding a suitable face. One day he stumbled across the death mask of a young girl hanging on a wall in his in-laws' home. Its mystical beauty intrigued him. This mask of a girl taken by death in the prime of her youth would be ideal for teaching others how to save lives.

Many stories have been fabricated to explain the girl's death. One of the more dramatic but erroneous ones is that the death mask came from one of Laerdal's own daughters. Though the circumstances surrounding the demise of the girl were never truly established, the closest theory remains that the mask was taken from an unidentified young woman found in the Seine River in Paris. Since there was no evidence of violence, it was

assumed that the victim committed suicide by drowning. The enigmatic mask thus became the familiar face of Resusci-Anne.

The manikin's service to EMS was extended after the First International Symposium on Resuscitation was hosted in Norway in August, 1961, and its recommendations were published. At that time, the technique of external cardiac compression was developed and the manikin was modified to accommodate CPR training.

Since that time, Resusci-Anne has gained increasing popularity. She is an integral training device used by medical societies, rescue groups, the Boy Scouts and PTAs and is used in schools and non-medical organizations to show interested members how to perform artificial respiration. She has starred in three major medical films including "The Breath of Life," a film for non-medical groups, "Pulse of Life," a film shown to EMS groups for training in heart-lung resuscitation, and "Prescription for Life," a film aimed at teaching doctors and nurses definitive treatment and emergency measures for cardiac arrest patients. These films have been translated into nine foreign languages.

The famous manikin even has acquired a family, Resusci-Andy, her

male counterpart and Resusci-Baby, properly scaled infant manikin. Re cently, two new models of Resusci Anne have been put into service Anatomic Resusci-Anne boasts of trachea, bronchial tubes, lungs, hear and major blood vessels to show ventilation of the lungs and circulation of the blood when resuscitated. Ar. rhythmia Resusci-Anne has an electronic heartbeat which can be displayed on an electrocardiograph or or an oscilloscope. When her norma rhythm is programmed into a series of potentially lethal rhythms, use of an electronic DC defibrillator or synchronizer on her bare chest can convert her heart tracing back to

In 1966, Resusci-Anne and part of her family were part of the conference on CPR of the National Academy of Sciences-National Research Council in Washington, DC which made comprehensive recommendations regarding all aspects of CPR.

A Second International Symposium on Resuscitation was held in Norway in 1967. Here, in the land where the talent of a toymaker and the death mask of a voung girl were fused to make a lifesaving tool, the recommendations on CPR procedures and proper training techniques were confirmed.



48

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