rhage due to severe coughing from tracheal aspiration or the "stir-up" regimen, or both, is not impossible. This case in no way has altered our indications for intercostal block, tracheobronchial suction and the "stir-up" regimen.

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A RECORD HOLDER FOR THE LEFT HANDED ANESTHESIOLOGIST

A problem continually confronting the left handed anesthesiologist is to find stable, convenient support for the anesthesia record while recording data. The record holder * shown in the photograph offers a solution to this problem. The holder incorporates a table rail clamp of standard design, affording ready and rigid support. The writing surface is stainless steel, 1/32 inch thick, measuring 10 inches by 14 inches for ample writing surface. A spring paper holder is riveted securely to the writing surface. The latter is strengthened by a bracket measuring 1/4 inch by 1 inch which extends from the table rail clamp for the entire length of the writing surface.

With minor modifications, this device could be constructed for application on either side of the table to be used by right or left handed persons.

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* The author is indebted to the Ohio Chemical and Surgical Equipment Company for construction of this record holder.

FIG. 1.

ASPIRATION OF FOREIGN BODY DURING ANESTHESIA

A 5 year old boy was admitted to surgery for routine tonsillectomy and adenoidectomy; his medical history and physical examination were satisfactory. Atropine (0.45 mg.) was administered intramuscularly one-half hour before operation. Cyclopropane was used for induction, followed by open drop ether. The induction and maintenance of anesthesia were uneventful.

For tonsillectomies in children a mouth hook is ordinarily used for ether insufflation. However, in this case ether was insufflated