

emerges at its mouth in a nozzle, provided by the bulbous end of a Magill endotracheal connector (see illustration). Almost any child can be persuaded to hold the little toy in its hands, and while playing with such a familiar object the child can more easily be coaxed to lie down. The gases are then turned on while the child looks up at the object it holds. The anesthesiologist may explain that the animal breathes, and so the child raises little objection to the stream of gases playing on its face. While clutching the toy and looking up at it, the patient becomes increasingly drowsy and eventually falls asleep. At this point induction is continued with any of the customary inhalation agents. The amount of gases from the

doll is gradually reduced as the mask is lowered onto the patient's face and as the maintenance agent takes hold.

This little contraption has proved extremely helpful, and can be made cheaply from a dime-store rubber doll, a length of rubber tubing to connect with the anesthesia machine, and a Magill endotracheal tube connector.

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DESCRIPTION OF WHITMAN MOUTH GAG *

A new mouth gag for tonsillectomies has been devised which has superseded the old-fashioned "ether hook." The suction apparatus was not changed. The new mouth gag incorporates: (1) an ether inlet tube for insufflation soldered to the upper bracket, with the nipple at the handle of the gag, and (2) an oxygen inlet tube soldered to the lower bracket or arm of the mouth gag. Instead of attaching the tubing to the "hooked type" insufflator, it is attached directly to the mouth gag. Oxygen is delivered from the usual source.

The mouth gag has been employed in a series of 800 tonsillectomies in patients

ranging in age from 19 months to 11 years. With oxygen flowing at a rate of 1500 cc. per minute (following removal of adenoids), the reaction time was definitely decreased; it ranged from twelve to twenty minutes, proportional to the operating time. Therefore, the hypoxia which is present during a prolonged reaction time was not encountered. During the immediate postoperative period, with the mouth gag closed and oxygen still being administered, when the first episode of vomiting occurred, the vomitus was easily aspirated.

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* The mouth gag was made to the author's specifications by the Sklar Instrument Company.

CORRESPONDENCE

To the Editor:

To provide efficient and inexpensive grounding of operating room personnel, the following procedure has been found valuable: An aluminum strip from an intravenous infusion bottle has been bent so that it will touch the sock inside the shoe and then make contact with the floor at the broad part of the heel, as indicated in figure 1. The conductivity is then tested by use of the device described by Hickcox, Tovell and Lovell in *ANESTHESIOLOGY* 12: 506 (July) 1951. This device indicated

that most leather shoes are not of themselves adequately conductive. Most commercial conducting strips for shoes are expensive, especially when operating room personnel changes rapidly, as in our teaching institution. Most conducting strips discolor stockings. Many of them do not fit an unconventional type of heel. The aluminum strips are satisfactory as shown unless the wearer has an especially thick sock, in which case he can fold the aluminum inside the sock or wet the sock.

Doctor George J. Thomas of Pittsburgh,