anoxia makes the liver more susceptible to damage by narcotic agents, and it seems likely that the acute yellow atrophy and associated renal damage that developed in the child were chiefly due to a hypersusceptibility of these organs because of the anoxia and not due to an inherent hypersusceptibility.

Sincerely yours,
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*Iowa City, Iowa*

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To the Editor:

The problem of transfixing the arms of patients in the prone position for constant intravenous infusion during surgery has been solved by the use of a plain wooden board, which slides under the mattress at the head end. It is wide enough to extend a foot or so on either side of the mattress and long enough to be held securely by the patient's weight and to support the arms raised over his head.

In the board are cut two pairs of ½ inch wide converging slits. The arm is placed between the pair of slits and strapped securely at wrist and above elbow in the hand down position. A drawing is inclosed.

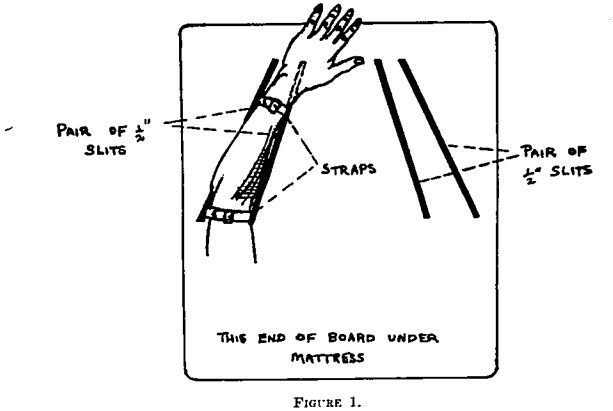


FIGURE 1.

Sincerely yours,
MARGARET F. BENJAMIN, M.D.,
*Kalamazoo, Michigan*

## AN ENDOTRACHEAL VAPORIZER *

A device is presented to make the administration of open drop anesthesia more convenient for the anesthetist. This device consists of a wire basket about the size and shape of a lemon rigidly attached to a metal tube. One end of the metal tube may be machined to fit snugly the end of an Adams endotracheal adapter (fig. 1). Cotton gauze is spread over the exterior surface of the basket and the anesthetic agent is dropped onto the gauze in the conven-

* The opinions or assertions contained herein are the private ones of the writer, and are not to be construed as official or as reflecting the views of the Navy Department or the Naval Service at large.

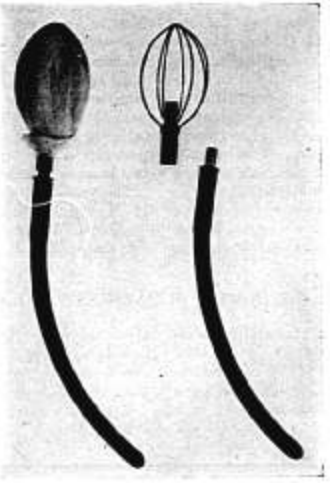

FIG. 1. Endotracheal vaporizer attached to Magill endotracheal tube and Adams adapter. (Left) Ready for use. (Right) Disconnected and gauze off.

FIG. 2. Endotracheal vaporizer in use with patient in Craig head rest.

tional manner which is employed when a regular mask is used. One end of the metal tube extends into the wire basket for a distance of two centimeters to prevent the liquid anesthetic agent on the gauze from entering the endotracheal tube. For further convenience, an angled adapter may be inserted between the endotracheal adapter and the vaporizer. This permits the vaporizer to be used when in a position at right angles to the endotracheal tube.

The endotracheal vaporizer avoids the inconvenience of the anesthetist having continually to steady the mask in position. Since the anesthetic agent is kept farther from the face there is less danger of skin and eye irritation by the agent. The vaporizer is of particular convenience when the patient is in other than the supine position on the operating table. With the patient in the lateral or prone position, or in the Craig head rest for exploring the posterior cranial fossa (fig. 2), the vaporizer is an advantage.

The valuable technical assistance of Mr. H. M. Sipe, machinist, is acknowledged.

LT. J. W. PENDER (MC) USNR and
LT. COMDR. J. N. LANE (DC), USN

## A HEAD AND ARM SUPPORT FOR PATIENTS IN LATERAL POSITION

At this Army General Hospital the common problem of management of the head and upper extremities of patients undergoing anesthesia for surgical procedures requiring lateral positions has been in a large measure solved by the use of the device illustrated. This equipment has been especially useful for patients under spinal anesthesia for renal surgery in which a "kidney rest" is desirable.

Experience has proved that the patient's comfort during operation is greatly en-

FIGURE 1.