



Equipment used in making solutions of pentothal sodium, showing method of protecting needle of syringe from contamination, and method of protecting entire syringe before use.

RESPIRATORY OBSTRUCTION DURING INDUCTION

The prevention of untoward occurrences during anesthesia is more satisfactory than their treatment. The simple device illustrated here has proved successful in preventing several common causes of respiratory obstruction during induction. Students attached to the department of anesthetics at the London Hospital have been taught for some years to insert such a

mouth prop before the induction of anesthesia between the central incisor teeth or the gums in the following instances: edentulous patients, persons suffering from fecal or "cerebral" vomiting, patients to be operated upon without preparation for the anesthetic, and all cases in which nitrous oxide and air, ethyl chloride, or vinethene is to be used.



Should vomiting occur during induction in patients with a full set of teeth the prop holds the mouth partially open. It is then easy to insert between the molar teeth an instrument which will open the mouth widely, and will enable the vomitus to be removed. Spasm of the masseter muscles sometimes occurs as the result of anoxemia, and delay in securing a free airway may have grave consequences. In edentulous patients the lips and tongue are prone to become a source of obstruction, and this can be minimized by the use of such a mouth prop.

Orotracheal intubation by the blind

technic of Troup (1) is facilitated if such a mouth prop is used as though it were a "nostril" in blind nasal intubation, for it steadies the tube in the median line.

The London Hospital Mouth Prop is made of light metal. It rarely causes trauma to the teeth but might with advantage be covered with some softer material such as rubber. It is intended for use during induction only and is not a substitute for a pharyngeal airway.

NOEL A. GILLESPIE, M.D.

State of Wisconsin General Hospital,
Madison, Wis.

REFERENCE

Troup, G.: Anesthesia in Australia, *Anes. & Analg.* 14: 249-252 (Nov.-Dec.) 1935.

TECHNICAL SUGGESTION

For those who desire to use a simple "grounding" equipment but who do not have an intercoupler available, the following is suggested:

Thoroughly soak an ordinary operating room towel in tap water or saline. Place this so that it touches the floor (if the floor is at all conductive) and also comes in contact with a bare metal part of the table, gas machine, stool or other object which is to be "grounded." This "equipment" has been tested and shows an average resistance of one megohm. It instantly conducts all charges which have been tested to date.

It can only "go wrong" by drying out or being removed.

Warning.—So called "conductive rubber-soled" shoes can be made completely non-conductive by walking a few steps on freshly waxed floors. If you believe in conductivity as a safeguard from static hazard, be sure to keep the sole of the shoe free from wax, oil, talcum powder or paint by washing with ether and sandpapering the surface to obtain good "contact" after any steps have been taken out of the operating theater.

P. M. W.