

appointed (Drs. S. C. Wiggin, P. D. Woodbridge and R. B. Hammond) to study a method of permanently designating this historical spot. On investigation, the committee found that the birthplace of Dr. Morton is off the main highway, and is a small, red brick house of Colonial type (see photograph). It was the recommendation of the Committee that a plaque be placed on the property to designate its historical importance. Permission to do so was graciously received from the owner, Mr. F. F. Fales. This recommendation was duly passed upon by the Society, and

a bronze tablet ordered. The original plans that a ceremony might be held at the time of the hanging of the plaque (see photograph) did not materialize, and it was actually attached on a rainy day under the supervision of Dr. Wiggin in the presence of the Fale family. These present owners are reported to be willing to show visitors through the building at any time. In addition, the State of Massachusetts has promised to provide suitable road markers to be placed on the highway at the entrance to the byway leading to the spot.

CORRESPONDENCE

January 29, 1942

To the Editor of Anesthesiology:

May I comment upon the paper, "Serial Spinal Anesthesia" published in the January number of your journal?

It was my privilege to hear this paper read before the Section on Anesthesiology in Cleveland and to listen to the discussion. I was disappointed that these comments did not appear with the publication since I believe they were valuable. Is a rule against the publication of discussions necessarily "hard and fast"?

As I recollect the trend of comment in Cleveland, Doctor Lemmon made a very

satisfactory argument for acceptance of the designation "Continuous Spinal Anesthesia" to describe the technique.

Since Doctor Lemmon seemed to have much the best of the argument for "Continuous" as opposed to "Serial" and since the former term was used in his original introduction of the technique, may I suggest that the term "Continuous Spinal Anesthesia" ought to be retained in our nomenclature, * * *

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APPARATUS

AN ETHER DRIPPER FOR THE TO AND FRO ABSORBER

Where it is desired to obtain rapid and complete saturation with ether, using the to and fro method, vaporizers built into the anesthesia table are unsatisfactory. There is only the small flow of "metabolic" oxygen to carry the vapor, and in bubbler or wick-type vaporizers, this is also insufficient to convert the liquid ether to a vapor rapidly. The rate may not be increased because any greater flow of oxygen or gases would have to be allowed to leak, defeating the desired purpose. Some method of repeatedly adding ether directly to the atmosphere passing back and forth from patient to breathing bag would be valuable.

The use of an ordinary Luer syringe to put liquid ether into a vaporizing chamber

of wire mesh in the "mask" end of the soda lime canister was described recently in these columns. The writer has tried this device, and found it reasonably satisfactory. Vaporization is good, but the maneuvers involved in frequent filling of a syringe, uncapping the injection port, and the nicety required in avoiding abrupt increases in ether concentration are drawbacks to the method.

The accompanying sketch shows a dripper which answers the above objections, though admittedly adding a small factor of cumbersomeness. The small glass chamber holds about three fourths of an ounce of ether, sufficient to accomplish induction to deep surgical anesthesia. Rarely will more