

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, ° ° °

RALPH M. WATERS, M.D.,
*Department of Anesthesia,
State of Wisconsin General
Hospital, Madison, Wis.*

APPARATUS

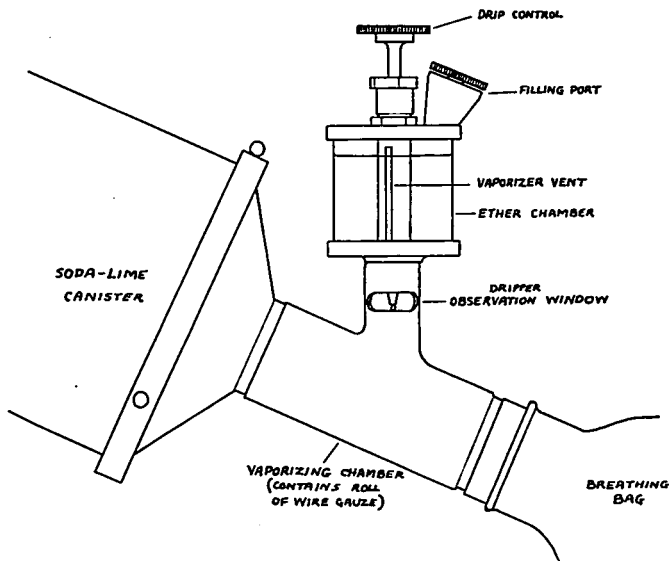
AN ETHER DRIPPER FOR THE TO AND FRO ABSORBER

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 drip- per 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



than one other filling be necessary, and then only in the longer cases. There is no hazard of frequent opening of an ether can or of the filling port. Control of the drip is very delicate, yet rapid addition of ether is possible.

The device is made with the ether container at right angles to the vaporizing chamber for those who keep the canister horizontal, and at a 60 degree angle for those who let the distal end of the canister rest on a pillow. It may be coupled by its slip-joints between the face-piece and can-

ister, or between the canister and the breathing bag. When the former location is employed, care must be taken to avoid spilling liquid ether into the face-piece, especially from the right angle model. The roll of wire gauze in the vaporizing chamber is not a guarantee against such an accident. The more distal position of the dripper has been found more than adequate, despite the theoretical advantage of the greater heat proximally. The whole apparatus is easier to balance when the dripper is between the canister and the bag.

CASE REPORTS

HYPERPYREXIA FOLLOWING THE ADMINISTRATION OF PENTOBARBITAL

Numerous cases have been reported illustrating allergic reactions following the use of the barbiturates. This report concerns a case in which hyperpyrexia followed the administration of pentobarbital (nembutal).

The patient was a 32-year-old woman who was admitted to the hospital as an obstetrical patient, gravida 2, para 0. Her past history revealed a miscarriage eighteen months prior to admission, which was followed by prolonged chills, fever and acute