broth failed to reveal any contamination at the end of a week. Further, the solution was inoculated with staphylococci, streptococci, and Bacillus coli, but none of these organisms grew in the solution.

3. The solution remained perfectly clear at all times and did not change color.

4. More than 300 administrations were accomplished, using this dispensing bottle, without untoward reaction.

5. In spite of the loss in potency (at least from chemical analysis), an effective saving in pentothal was achieved because any desired amount could be withdrawn, and small amounts, using 0.5 or 1 Gm. of pentothal at a time, did not have to be made up, as would ordinarily be necessary (table). Of distinct advantage is the fact that the solution was prepared and on hand for immediate use, without loss of time in preparation.

The device is simple and inexpensive and can be constructed from apparatus that usually is present in every operating room (figs. 1 and 2).

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AN ARM-HOLDER FOR THE OPERATING TABLE

The arm-holder shown in the accompanying photograph and drawing has proved very satisfactory through years of use. It is fastened onto the side rail of the operating table by means of clamp E–F and wing-bolt G, and may be moved freely toward the head or foot of the table. By means of the supporting rod D and the clamping screw C, it may be moved up or down. The distance from D to H is 5½ inches, so that the arm trough may be raised to a position level with the upper surface of the thick mattress used for continuous spinal anesthesia. Since the rod D is circular in cross section, the arm-holder may be swung through a radius of nearly 180 degrees and may be fastened at any angle by the screw C. The trough J is 20 inches long, 4⅜ inches wide and 1 inch deep. The knurled-headed screws A and A permit it to be moved nearer to or farther away from the

FIGURE 1.

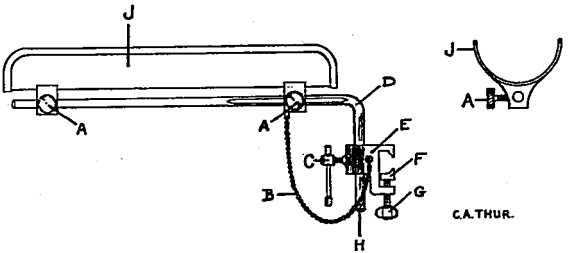

FIGURE 2.

operating table, and to be tilted if desired. A strip of adhesive tape 2 inches wide across the hand or wrist is used to hold the arm in place. The chain B prevents the parts from being separated when the holder is not in use. The apparatus was made in the machine shop of the School of Medicine, Temple University.

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CONTINUOUS SPINAL ANESTHESIA: A METAL PROTECTOR FOR THE NEEDLE DURING OPERATIONS *

On certain operating room tables the special mattress used for continuous spinal anesthesia cannot be employed. Then too there may be hospitals in which the mattress for continuous spinal anesthesia is not part of the standard equipment and thus use of this valuable spinal anesthetic procedure is precluded. The various divisions of the mattress designed for use with continuous spinal anesthesia may not be opposite the special breaking points of the table when it is put in Trendelenburg position. In these circumstances and also when the patient is placed in certain other positions, the piece of apparatus which we are describing is valuable as a protection for the needle used for continuous spinal anesthesia.

The apparatus has acquired the name, "bishop's hat," which partly describes its shape and use. This piece of equipment resembles the shape of a hat and is made of metal (fig. 1). It consists of a brim 2 inches (5 cm.) wide with a crown 4 inches (10 cm.) wide and 2 inches (5 cm.) high. From the center of the hat running laterally to the edge of the brim is a slit ½ inch (1.3 cm.) wide to allow exit of the tube which is attached to the needle used for continuous spinal anesthesia. This permits the rubber tubing to come from the spinal needle up the side of the table, without sustaining any pressure from the metal covering. If the spinal needle used for continuous spinal anesthesia is overly long, or the patient is unusually thin and the needle would strike the inside of the crown, it may be bent at a right angle and the end attached to the rubber tubing will protrude through the slit in the metal. The metal brim of the hat does not rest directly on the patient as it is cushioned with a pad of sponge rubber 1 inch (2.5 cm.) thick. This cushion has been sewed to the brim with heavy cord through holes in the brim. This apparatus permits use of the mattress which ordinarily belongs to any particular operating room table.

If the patient is to lie on his back, the apparatus is applied to the back of the patient after he has been moved to the edge of the table and still is lying on his side. While the anesthetist holds the metal covering in place, the patient is

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