

8. Shaefer, H., and Goffer, H.: Possibilities of Intravenous Oxygen Therapy with Remarks on Gas Embolism, Catalase, Methemoglobin Formation and Chemoreceptors, *Ztschr. f. d. ges. exper. Med.* 111: 448-473, 1942.
9. Von Brucke, E., and Goldbach, H.: Enteral Administration of Oxygen with Special Consideration of Resorption and Prevention of Embolism Experimental Studies, *Ztschr. f. d. ges. exper. Med.* 111: 709-714, 1943.
10. Krentzberg, W.: Continuous Retrograde Amnesia Following Air Embolism, *Beitr. z. klin. d. Tuberk.* 98: 237-238, 1942.
11. Serebrenick, A.: Gas Embolism in Tuberculous Gravida; Problem of T. B. and Pregnancy, *Rev. brasil. de tubere.* 11: 609-616 (Nov.-Dec.) 1942.

MODIFICATION OF THE CONVENTIONAL BLOOD PRESSURE STETHOSCOPE USED IN OPERATING ROOMS

During the administration of an anesthetic, particularly in long operations, the blood pressure sounds not infrequently become diminished or entirely disappear. This occasions a certain amount of distress in direct proportion to the seriousness of the existing state of the circulation. However, frequently the cause is simply a loosening or misplacement of the stethoscope diaphragm which, with the model in use at present, seems to occur with little provocation. The proper readjustment of the apparatus on the draped patient, with the surgeon usually standing by the elbow, is attended by inconvenience both to the surgeon and the anesthetist. It is with the idea of obviating these difficulties that I offer a new design for the blood pressure

stethoscope and the method of attaching it to the arm.

Briefly, this instrument consists of an oblong piece containing the diaphragm (which fits into the antecubital fossa), a split elastic strap attached to one end of the arm piece, and a strap of nonelastic material containing eyelets attached to the other end of the arm piece. The split elastic strap has a small hook which is inserted into one of the eyelets of the rear strap to hold the scope firmly in place. The body of the stethoscope is $1\frac{3}{4}$ inches and the neck is $\frac{3}{4}$ inch, making an over-all lengthwise dimension of $2\frac{1}{2}$ inches. The neck is $\frac{5}{8}$ inch in diameter, allowing the usual rubber tubing to fit snugly.

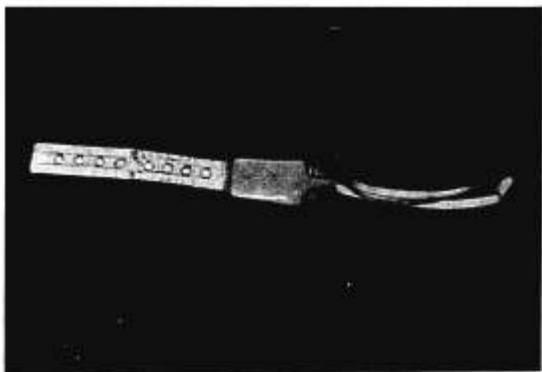


FIG. 1. Complete view of instrument.

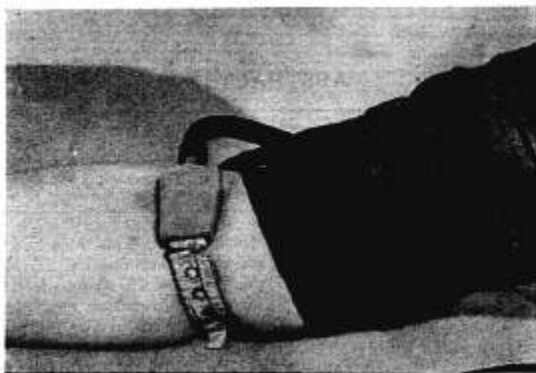


FIG. 2. Anterior view of right arm with stethoscope in place. Hook on elastic strap may be seen in third hole.

The splitting of the strap allows it to fit around the arm in such a manner that the olecranon process is by-passed, so to speak, permitting flexion of the elbow without causing the strap to slip or causing discomfort to the patient.

It is believed that this type of stethoscope is more practical for taking the blood pres-

sure on the operative patient than the stethoscope now in use because, once placed, it remains firmly against the groove of the elbow and therefore the maximal intensity of the sounds is maintained despite any degree of flexion or extension of the arm.

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