

tional manner which is employed when a regular mask is used. One end of the metal tube extends into the wire basket for a distance of two centimeters to prevent the liquid anesthetic agent on the gauze from entering the endotracheal tube. For further convenience, an angled adapter may be inserted between the endotracheal adapter and the vaporizer. This permits the vaporizer to be used when in a position at right angles to the endotracheal tube.

The endotracheal vaporizer avoids the inconvenience of the anesthetist having continually to steady the mask in position.

Since the anesthetic agent is kept farther from the face there is less danger of skin and eye irritation by the agent. The vaporizer is of particular convenience when the patient is in other than the supine position on the operating table. With the patient in the lateral or prone position, or in the Craig head rest for exploring the posterior cranial fossa (fig. 2), the vaporizer is an advantage.

The valuable technical assistance of Mr. H. M. Sipe, machinist, is acknowledged.

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A HEAD AND ARM SUPPORT FOR PATIENTS IN LATERAL POSITION

At this Army General Hospital the common problem of management of the head and upper extremities of patients undergoing anesthesia for surgical procedures requiring lateral positions has been in a large measure solved by the use of the de-

vice illustrated. This equipment has been especially useful for patients under spinal anesthesia for renal surgery in which a "kidney rest" is desirable.

Experience has proved that the patient's comfort during operation is greatly en-

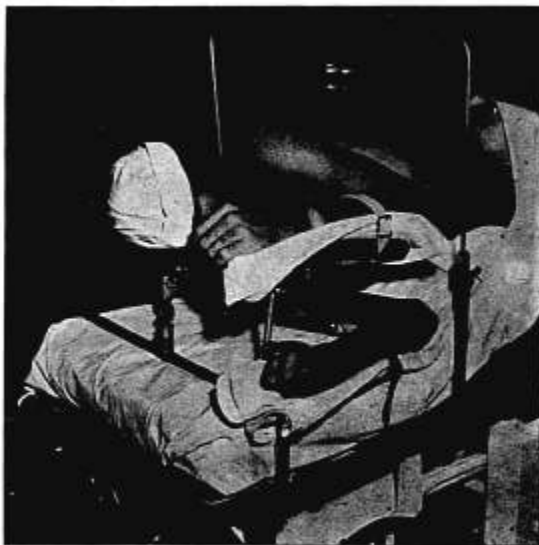


FIGURE 1.

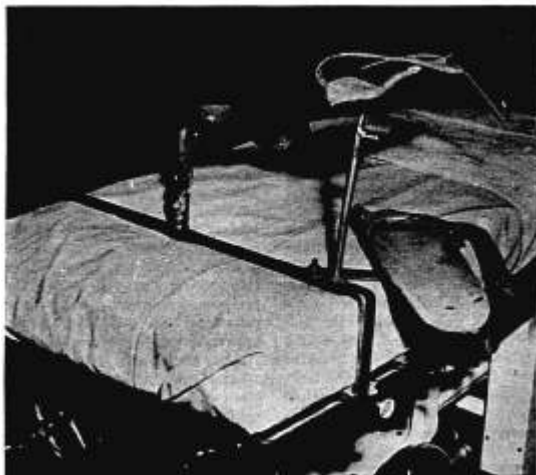


FIGURE 2.

hanced by removing a large part of the weight ordinarily supported by the lower shoulder. Also contributing to the patient's comfort is the fact that the upper extremities are allowed to rest in a relaxed position.

From the anesthetist's point of view the primary advantage is increased facility in the management of the patient during anesthesia. The blood pressure cuff may be applied to either arm where it is free from kinking and easily available for adjustment. Veins in either upper extremity

are quickly accessible with no adjustments or disturbances of patient or surgeon. Of importance to us as an added factor of safety is the lateral flexion of the cervical and upper thoracic spine which may be easily maintained during the spinal anesthesia with hyperbaric agents (the technique in common use at this hospital).

The model illustrated, here, was improvised from materials at hand by our brace maker, T/3 John Hauser.

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THE TOXIC EFFECT OF PONTOCAINE EMPLOYED LOCALLY

A CASE REPORT

A recent acute and fatal toxic reaction to pontocaine which was being used locally in the preparation of a patient for a bronchogram provided the stimulus for a review of the literature covering toxic reactions to this drug.

Apparently such severe and even fatal reactions are far too common. In 1939

Fasselt (1) reported two reactions to pontocaine (2 per cent) in anesthetizing the throat prior to the removal of foreign bodies by bronchoscopic methods. All symptoms, however, disappeared spontaneously in these cases. Phillips (2) and his associates reported a similar reaction in a patient who was undergoing a broncho-