

FIG. 1.

the patient so that the shoulders are supported without undue pressure on the thoracic cage. Fixed straps separate the pelvic end of the support by 3 inches to decrease pressure on the pubis and the femoral vessels. Pooling of blood in the legs may occur if care is not taken at the time of placing the patient in position. The proper position at the pelvic end depends on the anterior-superior iliac spine resting 1 inch above the lower edge of the pad, and not below or above, so that the pelvis is rotated around its horizontal axis in order to decrease the normal lum-

bar lordosis, thus allowing better surgical exposure to the vertebral laminae.

These pads* have been in use about a year, and have been found to be very satisfactory both for adequate operating conditions and freedom of respiratory movement.

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* V. Mueller & Co., Surgical Instruments,
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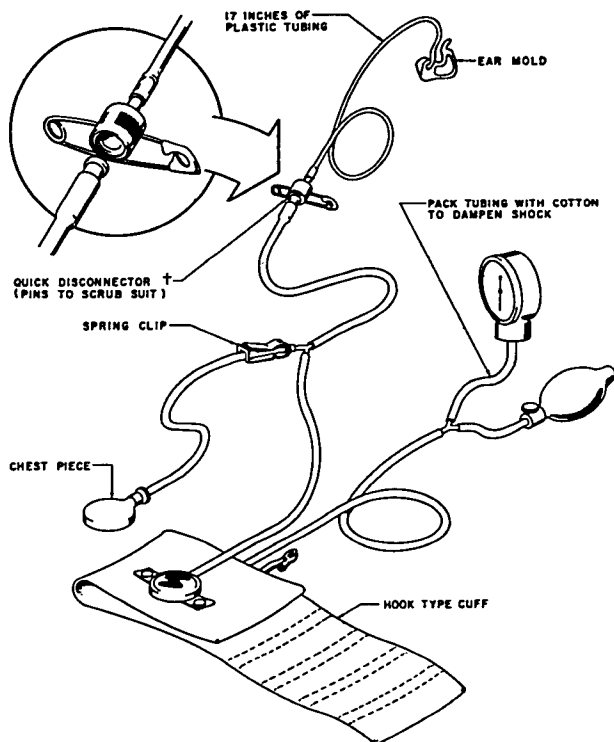
A SIMPLE CONSTANT MONITOR SYSTEM

Described below is a system which enables the anesthesiologist constantly and comfortably to monitor the vital fluctuations of blood pressure, pulse, and respirations. It consists of two components: (1) a monaural plastic ear mold and (2) tubing and connectors to attach the system to the conventional blood-pressure cuff stethoscope and to a chest piece over the precordium. Its total cost is between \$15.00

and \$20.00, varying with locality and components. Figure 1 is self-explanatory.

The ear mold is made for either ear, obtainable at any hearing-aid distributor's,* and is known as the "invisible" type. The tubing is of extruded vinyl or Tygon plastic, the standard plastic in-

* Available in the Los Angeles Area from the Ralph Burdick Laboratories, 803 E. Broadway, Glendale 5, California.



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† The quick disconnect is available from the R. A. Hawks Co., 123 E. Montecito Ave., Sierra Madre, California.

travenous tubing. In use, apical pulse and breath sounds from the left lung are heard constantly. Abnormalities are picked up immediately, even though the anesthesiologist's attention at that moment might not be directed at the vital sounds. To determine the blood pressure, the sound is cut off from the chest by closing the spring clamp, and the blood pressure taken in the usual way.

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