tube can be easily changed by simply removing and re-attaching the brace. The brace is simple and inexpensive to make.

We have used this brace for periods as long as ten days without skin problems or other undesirable effects.

The author is indebted to Capt. Keith Taylor, ANC (Ret) for selecting materials with which to construct the brace; to Mr. Clifton H. Reintzel, Instrument Maker at Walter Reed Army Medical Center, for constructing the brace; and to Mr. Leslie H. Freedman, Chief, Inhalation Therapy Section at Walter Reed General Hospital, for advice and assistance.

Letter to the Editor of Clinical Workshop

A Practical Stethoscope Approximator

To the Editor: Attachment of a precordial stethoscope for routine monitoring of chest sounds can be difficult. Obesity, pendulous breasts or prominent ribs present obvious problems. The operative position of the patient may interfere with skin contact of the stethoscope diaphragm and, therefore, with optimum transfer of signals. In our hands, adhesive-tape application of the stethoscope never solved these problems. Hair defeats the tape; large areas had to be shaved if the anesthesiologist wished to rely on the precordial signal. "Gluing," rather than taping, is our solution. The stethoscope diaphragm is left in place, and shaving is necessary over a two-inch circle only.

Originally, we cut one- to two-inch-diameter circles from double-faced pressure-sensitive rolls such as Mystik® (Borden Chemical, Northfield, Ill. 60093) and Dubl-Stik (Kleen-Stik Products, Inc., Chicago, Ill. 60631) and used these for application of the stethoscope. For the past year, we have been using commercially-available discs of polyethylene film coated on each side with chemically-inert adhesive.

These "approximators" are remarkably effective. We believe they allow better signal transfer than any other method of stethoscope application and overcome the difficulties mentioned above. The tape is resistant to dissolution by the commonly-used "prep" products. Following hundreds of applications, we have seen no skin reactions to these discs in our patients. The adhesive is easily removed and leaves no residue. The approximators are available commercially from:

Tektronix, Inc., Box 500, Beaverton, Oregon 97005.

Hewlett-Packard Co., Sanborn Division, Waltham, Mass. 02154.

Medical Products Division, 3 M Co., St. Paul, Minn. 55101

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