New Instruments and Suggestions

A PRACTICAL OPERATING MASK

RICHMOND STEPHENS, M.D., NEW YORK

The variety of caps and masks in use for covering the heads and faces of doctors and nurses in an operating room indicates that the ideal head protection has not been devised. A mask or hood which completely covers the head is usually uncomfortable, while those that are comfortable do not protect the field of operation.

Fig. 1.—Practical operating mask.

A hood is the proper head dressing for routine use, but there are serious objections to the hood usually employed. It is made of muslin, and although not very heavy, is warm and interferes with free breathing. When eye-glasses are worn, the glass often becomes clouded by the breath. We have devised a hood which is more comfortable and satisfactory.

1. A gauze window about 4 inches square is inserted in the front over the mouth and nose. The window is made of two thicknesses of ordinary gauze.

Fig. 2.—Side view of mask.

2. Tapes from the corners of the eye-opening hold the mask tight across the nose and prevent it from slipping down. The broad double attachment of the tapes prevents interference with vision by the approximation of the upper and lower edges of the eye-opening.

3. A thin, fine mesh material known as Japanese nainsook is used for the body of the hood. This is cool, and just as protective as muslin.

The size of the mask must vary somewhat for different individuals, yet a universal size may be employed which can be adjusted by means of the tapes to fit the head.

A draw-string is provided at the bottom of the mask to tie around the neck.

With reasonable care when coughing, talking, etc., it seems that the gauze is a sufficient filter of the air to protect the wound.

Second Surgical Division, New York Hospital.

AN EASILY FILLED CAPSULE FOR COLLECTING BLOOD

M. W. LYON, JR., PH.D., WASHINGTON, D. C.

The ordinary Wright capsule requires considerable skill in filling. The modified form illustrated here in sectional diagram can be readily filled by any one. Sufficient serum for a Wassermann test is more readily obtained than by venipuncture in the hands of one who is not expert in the latter procedure. The capsule is made by closing one end of a piece of glass tubing and drawing out the other to a capillary point and closing the capillary end. The air-tight tube is then held in the flame just below the origin of the capillary end until the heated and expanding air causes a bulging on one side, which finally ruptures with a "pop," leaving a small round hole. After this the capillary end should be broken open. In use, blood flows into the capillary end and trickles down the side to the bottom of the tube, the enclosed air passing out the hole in the side. The capsule is easily placed in a centrifuge and serum readily obtained without danger of breaking the tube.

Capsule for collecting blood.

Sterile blood can be obtained by placing the capsule in a plugged test tube and heating in the hot air sterilizer. The capillary end may be sealed in a flame after filling. Sterile cotton over the side hole will permit air to pass out and prevent entrance of germs, or the unsealed capsule may be returned to the sterile test tube.

In calling attention to this easily filled capsule I wish to disclaim originality, as its use was shown me by a student who said it was employed in a laboratory at Asheville, N. C. It does not seem to be described in books dealing with technic.

George Washington University.

AN IMPROVED STOMACH TUBE

CHARLES D. AARON, Sc.D. M.D., DETROIT

Professor of Gastro-Enterology, Detroit College of Medicine and Surgery

The tube is made of soft rubber, but, though readily flexible, is nevertheless rigid enough, owing to its size and the thickness of its walls, to avoid all danger of coiling or kinking in the pharynx or esophagus. It is 84 cm. (32 inches) long, rounded and solid at its lower end, with two lateral openings, one about 2 cm. (three-fourths inch) from the end, the other just above it on the opposite side. These openings run obliquely upward, and have no sharp edges; the edges have been smoothed away in molding (velvet-catheter eye), so that traumatism or other injury to the mucous membrane from contact is impossible. The openings are large, rendering aspiration of the stomach contents easy. The lower end is made solid so that no particles of food can accumulate there, as frequently occurs in tubes with a terminal culdesac. The main distinguishing feature of this stomach tube is that the closed, smooth, rounded end con-