ADVANTAGES

My instrument cost \$12 for material and \$18 for skilled labor. Any degree of heat from 98 to 150 F. can be maintained for any period of time.

No attention is necessary, once the instrument is set and current turned on.

The heating is gradual enough to obviate disagreeable sensations to the patient.

The Artzberger psychrophore may be sterilized by boiling. The whole outfit is conveniently portable if mounted on a fiber board.

I have long been convinced of the considerable therapeutic value of properly applied heat in the treatment of urethral and prostatic conditions, and hope in the near future to present my experiences for what they are worth.

111 Ellis Street.

MECHANICAL DIFFICULTIES IN ANESTHESIA

A NEW ANESTHETIC MASK

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It occurred to me that a mask so devised as automatically to hold the jaw forward and keep the lips apart would be of great help to the anesthetist. The model shown in the

Fig. 1.—Respective parts of mask and the mask assembled.

accompanying illustrations is the result of numerous attempts, and has been used in a large number of cases.

The body is of aluminum, the lower curved margin being rolled inwardly, forming a trough which prevents any excess ether from running down on the face. In front there is a fork which engages with a hooked member, also of aluminum and shaped like tongs. One end of this member is inserted beneath the alveolar process of the mandible and is prevented from slipping out by the other end, which curves beneath the chin. This member may be applied before induction, or at the end of the first stage. With its greatest curve as a fulcrum, the mask rocks on the malar processes. A slight pressure downward on the longer arm of the lever tends to lift forward the shorter arm resting over the chin, and with it the lower jaw. Since the mask is firmly fixed to the mandible, a small band passed over the long arm of the mask fixes it firmly and securely to the face, covering only the nose and mouth, leaving the eyes exposed. The baskets are of light bronze wire mesh, and fit securely into the body of

the mask without further fastening. A solid cover may be substituted for this pervious basket in vapor or gas anesthesia.

The committee on anesthesia,¹ reporting to the American Medical Association, said:

A mask which is at once light, easily adjusted, absolutely air tight on any face, quickly removable, and not requiring to be held by the anesthetist is the greatest need.

The mask presented meets these requirements. Made of aluminum, it is light, easily cleaned, easily sterilized and is

Fig. 2.—The mask used with gas or ether vapor.

noncorrodable, it is easily adjusted, and fits any face in subjects over 7 years of age. It can be readily and quickly removed. There is no complicated harness attachment. The ether-saturated portion may simply be lifted off, while the remaining portion of the mask supports the jaw and separates the lips, thus affording ingress of air and permitting ready removal of mucus from the mouth. It is self retaining, a mere band over the upper end of the mask holding it securely and closely. It holds the jaw forward and keeps the lips apart without any appreciable pressure and without any trauma. It is easily prepared by the nurse, no sewing nor clamping being necessary. The gauze in the required number of layers is laid over the smaller basket and covered by the larger one, the protruding portions of the gauze being cut off with scissors. Because the gauze is not folded, the thickness of the mask is exactly uniform. With an opening leading into the body of the mask for the attachment of tubing, it may be used for gas or ether vapor.

It leaves the face and eyes exposed for observation, and proves especially serviceable in operations on the eyes. It eliminates the possibility of ether coming in contact with face or eyes. It can be used with gas or ether, with the drop or insufflation methods.

4515 Greenwood Avenue.

Fig. 3.—As used for drop method anesthesia. The inner basket and gauze have been removed in order to show the hook-shaped member resting within the mouth beneath the teeth and lower alveolar process.

1. Report of Committee on Anesthesia, THE JOURNAL A. M. A., June 15, 1912, p. 1910.