men can be taken from a specific segment of lung. It easily is cleaned and sterilized by the conventional methods and can be made with solid or flexible tips. It is well balanced and does not interfere with insertion through the bronchoscope.

It is pictured in the two positions: (A) with syringe attached ready to instill the wash solution, (B) for suction.

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FOAM RUBBER HORSESHOE PAD FOR PRONE POSITIONS

Often, in neurosurgical procedures, spinal fusions, skin grafting of the back, and other surgical procedures, it is necessary for the patient to lie in prone positions for long periods of time. This position compromises efficiency of respiratory exchange in every patient under anesthesia, and particularly is it a burden to the obese or the emphysematous patient who is often principally a diaphragmatic breather. Many devices, such as blanket rolls and sandbags, have been used to support the weight of the patient so as to facilitate movement of the diaphragm.

A simple, convenient horseshoe-shaped pad of sponge rubber may be made of one-inch foam mattress rubber. Four U-shaped pieces are cut according to the pattern shown in figure 1. These 4 pieces are stacked one on the other to form a U-shaped support with base and side arms each 4 inches by 4 inches in cross-section. The whole support may be wrapped with gauze, reinforced with tape at the angles, and covered with oiled silk or conductive rubber.

The pattern shown in figure 2 demonstrates that pieces for 2 adult- and 1 child's-size pad may be cut with very little wastage from a 1-inch layer of foam rubber mattressing from a three-quarter width bed mattress. The pediatrics pad should be 3 by 2 inches in cross-section.
Additional 4 by 4 by 8 inch or 3 by 2 by 4 inch pads may be made from leftover pieces of rubber and used as supplemental supports for tall patients. One layer each of the adult pads (No. 3 of 1, 2, 3, 4 and C of ABCD) may be pieced with segments, provided that top and bottom layers are intact. If a single adult support is required, it may be cut from a piece of rubber 5 feet by 20 inches.

The pad is placed on the operating table in such way that the base lies beneath the patient’s pubis. Each side arm of the horseshoe pad supports the patient’s thorax and shoulder girdle. The side arms may be spread or approximated beneath the shoulders to accommodate slender or broad patients. With the patient in position for operation, the abdomen of the patient should be suspended above or lightly touch the table. The patient’s head is supported in a lateral position upon pillows, or upon a neurosurgical headrest. With this type of body support, the diaphragmatic excursion is improved for patients in the prone position.

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