flap that wedged between the wire and the needle wall. This complication may also occur during subclavian or internal jugular cannulation. There, it may require more drastic intervention to remove the entrapped set or lead to significant damage to the vessel wall. Perhaps a safer technique could use a 3.5 inch catheter-over-needle to establish intravenous access, followed by passage of the guide wire, lessening potential damage to the intimal vein wall.

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"Fruit-flavored" Mask Induction for Children

To the Editor.—Mask induction in children could be more acceptable with small modifications, as Smith¹ suggested in his textbook. "Masks can be decorated with designs and colors, and the smell of rubber (and anesthetics) can be disguised by a drop of perfume or fruit extract placed either on the mask or under the children's nose." Several other pediatric anesthetists²,³,* like to employ candy or fruit flavoring for most mask inductions so that the mask is made more acceptable.

A small device was designed for adding fruit flavor to anesthetic gases. A hose between the gas outlet of an anesthesia machine and an anesthesia circuit is replaced with a hose with a small chamber filled with urethane mesh (fig. 1). A small amount of fruit extract is injected into the chamber, and when the mixture of gases passes through the chamber, fruit flavor is added to the gases. (The device may be obtained from Termo Co., 2-44-1 Hatagaya, Shibuya-ku, Tokyo, Japan.)

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REFERENCES


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