dosage and therapeutic effects of many of the commonly known drugs. Much of this material is likewise applicable in the study of pre- and postoperative medication.

In conclusion, we feel that the ideal preoperative medication is that which produces the desired physiologic and psychic depression and thereby brings the patient's curve of reflex irritability to near the base line.

The ideal postoperative medication is that which controls pain and yet permits the rapid re-establishment or return of normal body functions, namely: 1) respiratory and cough reflex, 2) intestinal function, 3) muscular tone, 4) cerebral function, and 5) and lastly, permits an early readjustment of the vital body chemistry.

I am indebted to the Director of Anesthesia at Wausau Memorial Hospital, E. P. Ludwig, M.D., for a large proportion of the material included in this paper. Through his efforts and cooperation, he has made it possible for the members of our department to study the cases thoroughly, suggest the premedication desired and follow up the patient's postoperative condition and treatment.

SAVE RUBBER

The mask holder pictured is made of unbleached muslin, double thickness, 35\(\frac{1}{2}\) inches in length. The widened section is 3\(\frac{3}{4}\) inches wide at the center, tapering down to 1\(\frac{1}{4}\) inches at the strap.

The widened section contains five layers of gauze stitched in to prevent shifting. The sixteen button holes on each strap begin 3\(\frac{3}{4}\) inches from the ends and cover a length of 7\(\frac{5}{8}\) inches.

Since we began to use this mask holder we prefer it to the rubber strap. It is easily made and easy to wash.

Gertrude L. Fife,
University Hospitals
of Cleveland