



fit in the patient's mouth. It has particular usefulness when the head of the patient is not readily accessible to the anesthesiologist, as in eye operations, plastic surgery of the face and neck, traumatic injuries, and certain types of brain surgery. Because of the position of this airway in the mouth, it allows the lungs to be manually inflated as the need arises. In cases where endotracheal anesthesia is indicated, the airway is not used as a substitute.

A rubber mouthpiece such as the one used on BMR machines is slipped over the rubber portion of the airway and brought to rest at its base. When the pharyngeal reflex has been obtunded, the airway, previously coated with lubricating jelly, is inserted. The rubber mouthpiece rests between the teeth and lips. The tip of the

airway lies in the pharynx, close to the laryngeal opening. A strip of adhesive is placed around the upper and lower lips, and a cotton plug is inserted in each nostril.

The anesthesiologist can then support the chin, maintain a patent airway, and administer an even flow of anesthetic gases, free from leaks.

REFERENCE

1. Buchanan, T. D.: A Method of Anesthesia for Operations on the Head and Neck, *Am. J. Surg. Anes. Supp.* **39**: 50 (April) 1925.

BERNARD H. PENDER, M.D., AND
ARTHUR T. TOUZEAU, M.D.,
*Department of Anesthesiology,
Huron Road Hospital,
Cleveland, Ohio*

AMPULE CONTAMINATION IN SPINAL ANESTHESIA

In February 1948, while attending the meeting of the Southeastern Section on Anesthesiology in New Orleans, Louisiana, Dr. Charles McCuskey, the president of the American Society of Anesthesiologists, said that he was surprised to find that some hospitals still kept the ampules for spinal anesthesia in clear solutions such as Bard-Parker solutions. At that time, I had in my possession two ampules contaminated

by the storage solution (tincture of merthiolate) which seeped into them. Visible evidence of a crack in the ampule by the naked eye could not be detected. Since that time, I have collected two more ampules in a period of two years. Unfortunately, two were broken accidentally. The photograph illustrates the remaining two contaminated ampules.

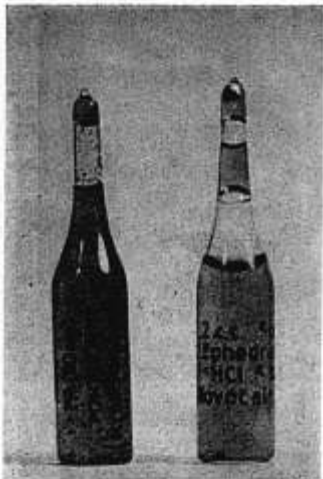


FIG. 1. Two contaminated ampules.

These ampules became bright red in color due to contamination with tincture of merthiolate. The ampules are kept in jars containing the merthiolate solution.

In a review of recent books and medical journals, I found only one reference (1) to the danger of contaminated ampules. Contaminated ampules will not be detected if the sterilizing solution is clear.

In the past three years, I have administered approximately 1000 spinal anesthetics. Excluding the low incidence of spinal headaches, the only neurologic complication of any significance was neuritis of the lumbar nerves which was transitory. If I had used the four ampules mentioned, it is conceivable that I might have had 4 serious neurologic sequelae which would have placed spinal anesthesia in a very unfavorable position. It is essential that ampules containing clear fluid be sterilized in colored antiseptic solution.

REFERENCE

1. Nicholson, M. J., and Eversole, U. H.: Neurologic Complications of Spinal Anesthesia, *J. A. M. A.* 132: 679-685 (Nov. 23) 1946.

B. L. STEINBERG, M.D.,
 Chief, Section on Anesthesiology,
 Veterans Administration Hospital,
 Lake City, Florida

STERILIZATION OF THE CONTINUOUS SPINAL OR CAUDAL CATHETER

At numerous times the question of sterilization of the continuous catheter has been discussed and various means have been advocated. At the Mason Clinic we prefer to sterilize catheters at 250 F under 15 pounds of pressure for five minutes with the stilet in place to assure patency. The stilet is allowed to remain in place during insertion of the catheter to prevent kinking and doubling in the epidural or subdural space.

The continuous spinal trays are arranged so that by using the same tray either the malleable needle or catheter technic may be employed. Spinal trays are sterilized thirty minutes under 15 to 20 pounds of

pressure at 250 F. This type of sterilization causes rapid deterioration of the catheter. We hesitate to use the wet methods of sterilization because all the solutions employed are injurious to nerve tissue. We have discarded sterilization of the catheters in a folded towel because they are easily contaminated, and if the stilet is sterilized with the catheter, the catheter becomes uncontrollable because of its spring action.

Therefore we have adopted the use of the Petri dish, which eliminates these difficulties. The anesthesiologist has control of spring-like action since the ends of the catheter may be seen. There is little