CURRENT COMMENT AND CASE REPORTS

CURRENT COMMENT is a section in ANESTHESIOLOGY in which will appear invited and unsolicited professional and scientific correspondence, abbreviated reports of interesting cases, material of interest to anesthesiologists reprinted from varied sources, brief descriptions of apparatus and appliances, technical suggestions, and short citations of experiences with drugs and methods in anesthesiology. Contributions are urgently solicited. Editorial discretion is reserved in selecting and preparing those published. The author's name or initials will appear with all items included.

AN ACCESSORY LARYNGOSCOPE HANDLE

The growing number and complexity of laryngoscope blades attest to the fact that no one blade is suitable in all instances. Almost all of these specialized blades are constructed in such a manner that they join the handle to form an "L" type of instrument. An individual trained only in the use of the "U" type of laryngoscope or believing that this instrument possesses special merit is at the present time denied the advantage of these special blades. We have devised a handle which quickly, easily and reversibly converts an "L" type laryngoscope into the "U" type, thus allowing for the incorporation of any blade in the latter type of instrument. This instrument consists of an accessory handle, 12 cm. long, roughened for grasping, either end of which may be attached to the butt (battery) end of the ordinary "L" handle by means of a Mörch type connection. This accessory handle is kept in the same vertical plane as the desired blade by adjustment of a threaded collar. One end of the instrument joins the handle at a right angle for use with right-angle seated

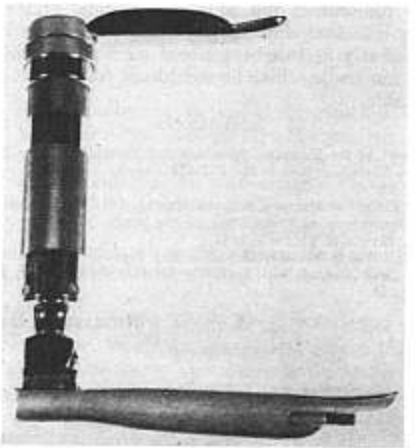

FIG. 1.

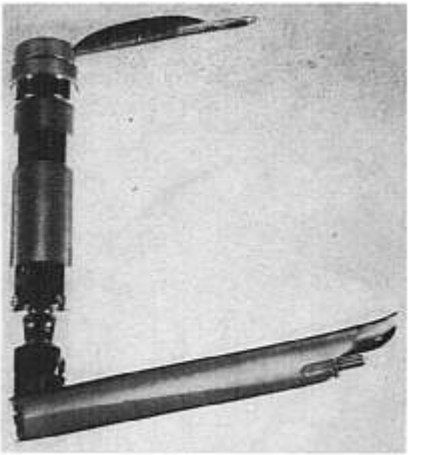

FIG. 2.

blades, such as the McIntosh, Flagg, Miller, Wiz-Foregger or Murphy blades (fig. 1). The other end joins the handle at an angle of 105 degrees in order to bring it parallel to Guedel, Barnes, Bennett and other acute-angle seated blades (fig. 2). We have found that this simple device gives our laryngoscopic equipment added versatility and usefulness.

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ALLERGIC DERMATITIS DUE TO RUBBER: REPORT OF CASE

A woman, 38 years old, was admitted to the hospital for gynecologic surgery.

At preoperative examination the blood pressure was 138 mm. systolic and 90 mm. diastolic, the pulse was rapid but rhythm was regular and there was a postnasal drip. The patient was a heavy smoker. She was quite apprehensive. She denied any allergic reactions to drugs.

Preoperative medication consisted of seconal, 1½ grains, the night before operation. At 8 a.m. on the morning of operation, the patient was given morphine sulfate, ¼ grain and atropine sulfate, 1/200 grain. The anesthetic of choice was pentothal, 0.4 per cent, to be used as a continuous infusion, combined with nitrous oxide, 2 liters, and oxygen, 1 liter, semi-closed system, with a pharyngeal airway, black rubber mask and gum rubber head strap. The patient was placed in steep Trendelenburg position. The two hour operative course was uneventful. A total of 2 Gm. of pentothal was given and on two occasions at forty-five minute intervals, syncurine was given intravenously. A rubber catheter was left in the urinary bladder for twenty-four hours after operation.

On the first postoperative day, the patient complained of burning and itching on the cheeks and face. The reaction had the appearance of a dermatitis. On the third postoperative day, she noticed the same burning and itching of the urethra and labia majora. When she was questioned,