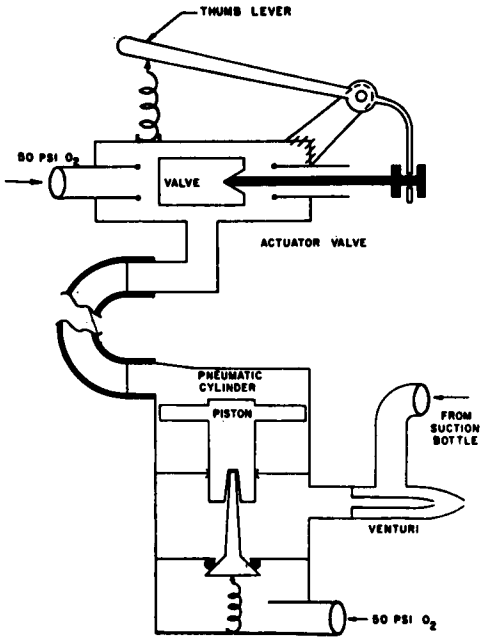
Remote Control Valve for Aspirator

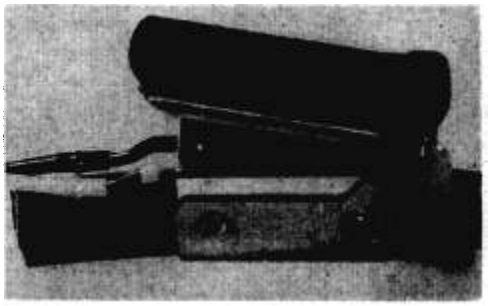
Dr. Stephen N. Steen and Mr. Arnold Lee of New York have developed a type of venturi aspirator which allows the greater portion of the apparatus to be at a distance from the aspiration site. The separation of aspirator apparatus from the patient is facilitated by a thumb-operated remote-control valve which is



Schematic diagram of remote control valve for aspirator.

attached near the "patient" end of the suction tubing, and serves to instantaneously control the flow of compressed gas through the venturi nozzle.

The schematic diagram illustrates the system: ordinarily, the *valve* proper of the *actuator valve* is forced against the 50 psi O_2 input seat by the spring under the *thumb lever* through a linkage. Thus, the *pneumatic cylinder* is open to the atmosphere. When the *thumb lever* is depressed, compressed oxygen is allowed into the *pneumatic cylinder* which forces the *piston* to open the valve to the *venturi*.



Remote control valve for aspirator.

This remote control of the venturi provides definite advantages over presently available systems in that: (1) Compared to systems using a suction bottle and venturi remote from the patient, instantaneous full suction is available with control at the aspiration site, and the usage of gas is economized because the suction may be immediately stopped as desired. (2) Compared to systems using a hand-held suction bottle and venturi, there is considerably more ease of manipulation of the aspiration tube as well as increased visibility, and a much larger suction bottle may be employed.

Modification of McIntosh Laryngoscope

Dr. Vincent L. de Ciutiis of New York Medical College modifies the McIntosh laryngoscope for particular purposes. One was to facilitate management of the thick heavy tongue in the bull-necked individual. Another was to overcome the difficulties in edentulous patients with small mouths. In these patients and, incidentally, in many patients with small mouths, the part of the mouth lateral to the viewing surface of the laryngoscope interferes with endotracheal intubation.

A lateral view of the laryngoscope demonstrates that the essential physiological curve of the McIntosh blade has been retained. Superior and inferior views show that the blade has been widened, at the oral end and also along the part of the laryngoscope that is against the tongue with a narrowing point towards the vallecula where there is no need for enlargement. This enlargement and curvature of the blade was designed for two purposes, first, to support the so-called "fat beefy