

Markings and individual packaging for sterilization of anesthesia equipment (details in text).

with the size and the letter "N" for nasal or "C" for cuffed tube. These markings are etched into the tube with a wood burning tool and colored with black India ink. A number 34 cuffed tube, for example, carries the markings C34 and a similar nasal tube N34 (as illustrated).

The manufacturers' markings have been found adequate for identification of suction catheters and airways.

Following packaging, the equipment is

stored in appropriately marked bins in closed cabinets. Nasal tubes and long endotracheal tubes, used for blind endobronchial intubations, are stored in metal dressing cans so that a maximum curve can be maintained.

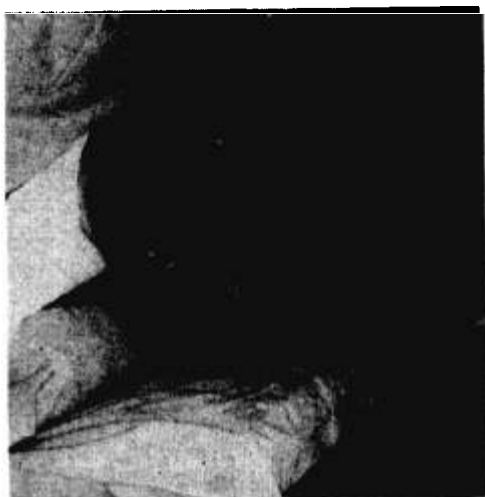
This technique is carried out at a cost of \$8.00 per week. The cost per individual item is under five cents.

The method has proven practical in application, economical, and insures the patient against upper respiratory cross contamination.

Fitting Anesthetic Face Mask To Relieve Pharyngeal Obstruction

Dr. Glenn J. Potter of Los Angeles feels that the husky patient, if he enters the operating room in a perturbed state, is likely to maintain a strong tonus in the muscles of his an-

terior neck for a half hour or so of surgery. Such a patient will often snore and exhibit marked obstruction at the hypopharynx and rima glottidis unless the anesthesiologist keeps



Special chin strap for extending head and fitting anesthetic face mask.

Endolaryngeal Topical Anesthesia

Drs. Robert H. Smith and Mack S. Bonner of the Medical College of Georgia have developed a method of accomplishing intermittent endolaryngeal and endotracheal topicalization during anesthesia with an endotracheal tube in place.

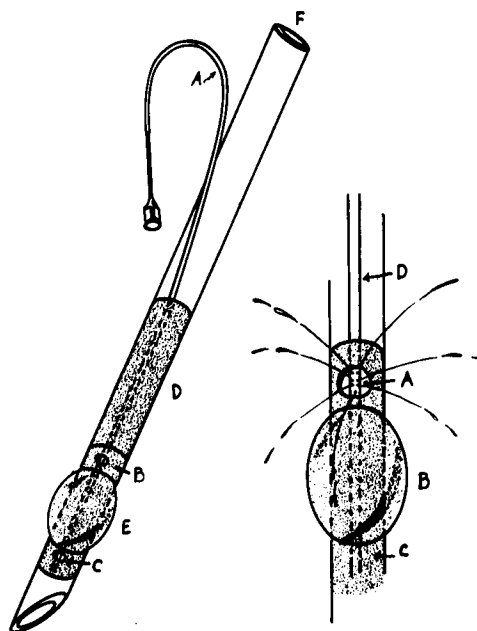
They accomplish this by using a standard cuffed endotracheal tube with a spray tube built in. The patient's trachea is intubated in the usual manner. Immediately following intubation, the intralaryngeal surface is sprayed by injecting one or two milliliters of the topical anesthetic agent of choice through the spray tube, before the cuff is inflated. The patient may be ventilated prior to cuff inflation with a minimum of gas leakage and the danger of hypoxia avoided. At any time thereafter, whenever conditions warrant it, the cuff is deflated, the intralaryngeal surface resprayed, and the balloon reinflated.

They feel that the tube has been especially useful in neurosurgery, particularly for anesthesia for surgery in the occipital area, close to the vital centers when it is thought best to have the patient on assisted rather than on controlled respiration. With this technique, depressant drugs can be kept to a minimum. The tube is also valuable in other types of surgical procedures, including intrathoracic, intra-abdominal and thyroid surgery. It al-

low a strong digital pressure just below the symphysis mentis. This can become tiresome and interfere with his other duties. A mechanical substitute for this digital pressure has been obtained by the invention of a special chin strap (as illustrated). The metal strut clips on the head end of the operating table. The chin strap is cut from a standard mask halter, and is fastened under tension to the harness knobs atop this strut.

When the best selection of mask and strap tension in the conventional manner fails to overcome leakage and obstruction, the desired result may usually be achieved by employment of the suggested chin strap. It is most often needed for the edentulous, the bull-necked, and the short-jawed patient.

lows maintenance of older, poorer risk patients in a much lighter depth of anesthesia for any procedure by the elimination of buck-



Endotracheal tube with built-in spray tube. *Left:* Tubule carrying fluid to spray sites B and C above and below balloon cuff E. The tubule travels under a tight rubber sleeve D. *Right:* A is spray site showing spray pattern above the balloon cuff B. D is the conducting tubule before it goes under the tight rubber sleeve C.