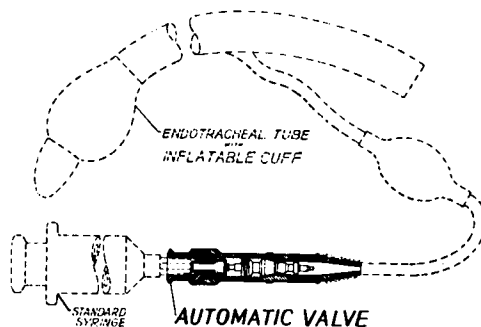


Automatic Valve

Dr. Abe O. Shapiro and the anesthesiology staff of Temple Hospital, Los Angeles, have used an automatic valve advantageously to inflate the cuff on endotracheal tubes. This valve eliminates the use of the "bulldog" clamp, hemostat, strong ties or other similar instruments which tend to crush or damage the soft rubber or plastic tubing.

This valve is light in weight, easily adapted to all caliber tubing, and is simple to use. To inflate the cuff, the plain or Luer-type tip of any standard syringe loaded with air is inserted, and then withdrawn as soon as the cuff is properly inflated. A similar procedure with the tip of an empty syringe will deflate the cuff and even maintain a vacuum.



The names and addresses of manufacturers of the equipment described in this section can be obtained from ANESTHESIOLOGY, 3 Penn Center Plaza, Philadelphia 2, Pennsylvania.

CORRESPONDENCE

Metabolic Acidosis

To the Editor.—I have reread the article of Papadopoulos and Keats [ANESTHESIOLOGY 20: 156, 1959] and checked the plot of the authors' data and find my graph to be correct, unless the tabulated data are in error.

I must apologize to the authors that very few of us in Canada play cricket. Our national sport is hockey—and this game is considerably rougher than cricket. I am sorry also that I didn't realize that they were studying the effect of intravenous glucose on the lactic acid level in the blood. (This effect was reported by Dr. Campbell [Toronto] about 30 years ago.) The title of their study stated explicitly: The Metabolic Acidosis of Hyperventilation Produced by Controlled Respiration. If any mild

metabolic acidosis was due to the rise in lactic acid (caused by intravenous glucose) the paper could have been clearer if this fact was mentioned in their discussion and summary.

In framing my remarks I took into account the details of their study, and in answering further to their reply I cannot do better than to quote Doctor Richard Asher [Talking Sense, Lancet 2: 417, 1959] who recently said, "If the technique of reducing ideas to a simple form, and placing them in logical order, were carried out extensively, only a few of our clinical ideas would come through unscathed."

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Tuohy Needle

To the Editor: I wish to refer to the article by Drs. Ralph Fritz and Robert Loehning, "Modified Tuohy Needle," which appeared on p. 712 of the September–October 1959 issue of ANESTHESIOLOGY.

I made the first needle for the late Dr. Tuohy, and I am proud of it. About fifteen

years ago I received a complaint from Dr. John Lundy regarding the sharp inside edge of the bevel, and new strict instructions were issued about blunting the sharp edge. Since then I can recall only one more complaint.

At the present time, the entire stock of Tuohy needles, 16 and 17 gauge, has been