The sampling tube may be placed anywhere monitoring of concentration is desirable, depending upon clinical techniques and flow rates. Monitoring at the mouth piece or rebreathing bag has been most useful. Concentrations of halothane delivered directly from the anesthesia machine or vaporizer are subject to surprising variation with movements of the machine, or "back-pressure" from positive pressure respiration. The latter effect is most pronounced with low flow rates or closed circuit.

Further work will be necessary to refine the mechanics of the prototypes, but the instrument has been found to be rugged and reliable in clinical situations.

Modification of Laryngoscope Blade

Dr. John C. Snow of the Massachusetts Eye and Ear Infirmary in Boston notes that the standard laryngoscope blades possess certain disadvantages in difficult intubations. The Macintosh blade is less useful than the Wis-Foregger or Miller blade. With the Wis-Foregger blade it is sometimes impossible to raise the visualized epiglottis. He has had greater success with the Miller blade, but in a few cases lack of space to pass the catheter through makes it difficult or impossible to intubate the visualized vocal cords.

In order to overcome these obstacles a new blade was designed, measuring 162 mm. in length, 15 mm. in width, and 15 mm. in height. The blade is curved 1 inch from the distal end and is provided with a rounded peak for raising the epiglottis. A semicircular groove with its concavity to the right provides a pathway for visualizing the larynx, permits passage of the catheter, and prevents obstruction of the view from bulging of the tongue or protrusion of a tooth into the lumen of the laryngoscope. Intubation is easier and more successful with this blade, in conjunction with a Sanders catheter, than with any other blade. Smaller size makes it very useful in infants and children.

This new blade, he believes, will facilitate intubation without trauma, not only where there is normal anatomic relationship of the upper respiratory passages, but especially where the patient possesses anatomic variations or pathologic conditions which render difficult or impossible endotracheal intubation with the laryngoscope now available.