

hand to monitor the pulse, adjust equipment, start transfusions, etc., without fear of compromising the airway for even a moment.

The equipment herein described has been in daily use during the past four years. Certain precautions must be observed, such as loosening the universal joint prior to changing the position of the patient on the operating table; movement of the ball or chin support will be exaggerated if the table is flexed or extended. Just as the face mask is moved from time to time to prevent pressure phenomena at points of contact with the face and nose,

so also the chin support must be moved if much pressure is applied for an extended period.

#### REFERENCES

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### Clamp for Holding Suction Tip and Hose

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Several years ago, I outfitted the operating rooms of one of Los Angeles' hospitals with wall clamps for conveniently holding suction tips connected with suction lines in readiness for immediate use. The kind of clamp shown in figure 1 was quite successful. It was modified from "Big Deals" correspondence clamps popular a few years ago for the desk, and themselves sort of jumbo spring clothes pins. The clamps were modified so that they could be attached to the walls of the operating rooms.

Because the equipment is not stored out of sight in a drawer, nurses and anesthesiologists do not easily omit checking on its readiness, the empty clamp standing as a mute reminder. Most often, the suction is not needed for vomitus, and the tip is kept covered by a cowl of gauze held in place by a rubber band, as a sign that it is clean. When a tracheal tube has been employed, the suction tip is left racked and the tubing separated for use with a plastic catheter put down inside and outside the tracheal tube prior to extubation or transfer of the patient to the recovery room. In that case, the clamp serves a

useful purpose merely by holding the rubber suction hose in readiness for connection to the catheter.

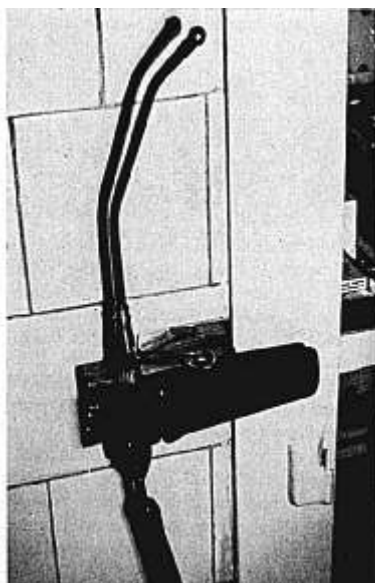


FIG. 1

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