



FIG. 1. A low cost, comfortable and effective anesthesia earpiece.

ting. Few, if any, anesthesia departments can afford to provide these for temporary personnel, such as medical students and surgical residents rotating on the anesthesia service. These personnel have to use makeshift earpieces that are inconvenient, ineffective and/or uncomfortable.

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As an avid hunter and shooter, I have been using various sound attenuating devices to protect my ears while shooting. One such device, a PVC foam earplug (Decidamp® by Norton Sound Products) that conforms to the ear canal, seems ideal after minor modification for an anesthesia earpiece. The plug, a cylinder, when expanded is approximately 1 cm in diameter and 2 cm in length. When compressed the diameter is 1-2 mm. The method of insertion is to compress the foam with a rolling motion between the fingers and then to insert the compressed plug in the ear canal. After approximately 30-45 seconds the foam has expanded to form an airtight, comfortable seal. Once inserted, the position is reasonably stable.

The only modification required to the plug is a hole through the long axis of the cylinder. This can easily be placed with a heated 8 d nail or similar sized metal object. A cut piece of disposable iv tubing is then placed in the hole to within about 1 mm from the edge of the earplug to be inserted in the ear. The addition of a stopcock to the other end of the iv tubing provides a means of alternately taking the BP and listening to the heart and breath sounds via an esophageal or chest stethoscope. The tubing can be cemented to the earpiece with a small amount of cyanoacrylate glue (fig. 1). The total time for manufacture is about five minutes, if all materials are at hand. The retail cost of the earplugs is \$0.50 a pair at this time.

The students and surgical residents who have tried this earpiece have been pleased with its performance and comfort.

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Filth, Filters, Fish and the Common Man

To the Editor:—The May 1981 issue of our journal has been a personal triumph for me. Three cheers for dirt. My mother wuz right: ya gotta eat (or inhale, etc.) a peck of dirt before you die! (sic)

Now I'll admit that I tend to exaggerate. That's probably why so few of my letters ever get published. Nobody, including journal editors, likes to get slapped across the face with a fish, especially by some punk from Nowheresville who comes up with an idea or study (like my study on arterial lines which you rejected, although

you later published a similar study by someone else.) That same principle goes for local medical colleagues, from other anesthesiologists all the way down to internists. I've always been pro-dirt. Regardless.

Therefore, the issue in question, which suggests that filters (air, blood, IV, etc.) might be a waste of money and cure no diseases known to man, did my heart good. Some of my local colleagues will soon be busy looking for any article to refute this issue, but we got 'em on the run.

Now. If you will just institute a "Letters to the Editor" column and publish them as received, including good and bad, you will accomplish several things: 1) increased readership, 2) increased interest in at least one section of our journal, 3) the possibility that ivory tower types (editors included) might learn something from those of us from Nowheresville, and 4) a new beginning in the return of control of our society to grass-roots members,

perhaps similar to the political movement going on in Washington.

Hooray for dirt! And the common man. And the common doctor.

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A Simple Device for Remote Monitoring of Respiration

To the Editor:—During high voltage radiation treatments at our hospital, no personnel may remain in the room, so patients are monitored by closed-circuit television. We are periodically requested to anesthetize pediatric patients to provide immobility during treatments. However, resolution on the television monitor is limited, and it often is impossible to see the patient's chest move, or even see the movements of the anesthesia bag. We have developed a simple device for magnifying the movement, and therefore the visibility, of the anesthesia bag. A 24-inch (60 cm) stick made of tongue blades taped together is anchored to the bag neck of a Jackson-Rees anesthesia circuit (fig. 1). A small piece of tape may be necessary to hold the stick on top of the bag. During respiration, movement of the free end of the stick, accentuated by a 10-cm flag of white paper, is easily seen on the closed-circuit television screen (fig. 1). Ready availability of components (in every anesthesia cart),

strength, light weight, lack of impedance of free breathing, ease of use and minimal cost has made this device popular in our institution. An engineering degree is not required to assemble, maintain or operate this disposable device, a fact we hope others will find attractive in this era of increasing technological complexity.

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FIG. 1. Accentuation of child's respiratory movements by long lever arm.

