

dle and present no danger to the central venous circulation.

We do recommend, however, that the Abbott/Shaw Life Care Pump be avoided for the administration of fluids through a central venous line for the following reason. The stroke rates, being similar to the clinical range of human heart rates (at infusion rates of 200–400 ml/h), and pseudoarterialization of the CVP tracing during needle infusion will interfere with monitoring and interpretation of the CVP.

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Another Way to Insert a Macintosh Blade

To the Editor:—The letter by Lagade and Popper¹ pointed out a useful technique. However, there are two additional points to consider. First, the Polio Macintosh blade gives poor mechanical advantage, because little force can be applied and control is minimal. Second, difficulty is usually encountered only during insertion. Once the blade is placed down the pharynx, there is ample space for the handle in its normal configuration.

The following technique allows the normal Macintosh blade to be used in most of these difficult cases. With the patient's head in the sniffing position and the neck slightly extended, open the mouth as widely as possible. Next, without the handle attached, insert the Macintosh blade into the mouth and pharynx gently and as far as possible. Control the blade by holding it with the left thumb and placing the left index finger along the cephalad surface with the blade held firmly against the tongue. It is usually only a simple matter to connect

the handle to the blade. This technique gives the anesthesiologist all the advantages of the normal Macintosh blade in a patient whose anatomy normally would prevent the insertion of the blade-handle assembly.

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REFERENCE

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