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### An Adjustable Laryngoscope Handle for Difficult Intubations

*To the Editor:*—Direct laryngoscopy is at best difficult and may be impossible in massively obese patients and those in halo traction. Fracture or instability of the cervical spine may preclude extension of the neck, which usually facilitates visualization of the larynx. Use of a short (Bantam) handle overcomes the problem in some patients. As a further refinement, an adjustable angle laryngoscope has been designed.\* A blade lock (arrow) allows positioning of the blade at 180, 135, 90, or 45 degrees to the handle. When the handle impinges on the patient's chest, the blade is positioned and introduced parallel to the handle (fig. 1). The angle then is changed to 135 degrees or 90 degrees, the tongue retracted, and laryngoscopy performed. The barrel of the handle contains two AA batteries and is 8 cm in length. The overall length and weight of the handle and blade lock mechanism is approximately the same as conventional handles containing two C batteries.

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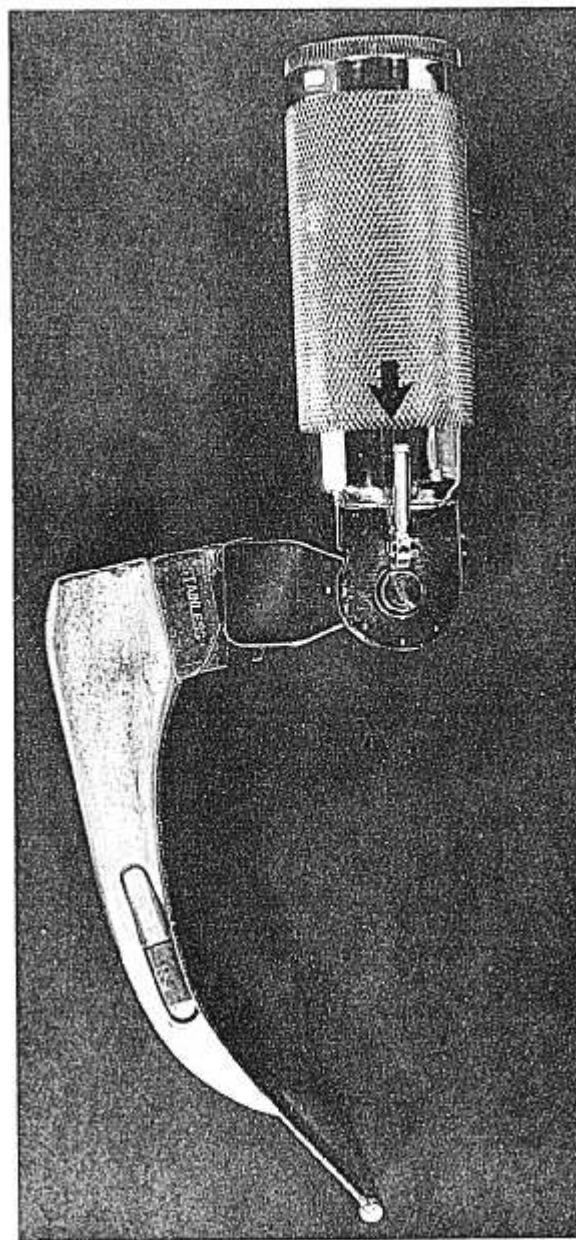
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\* Available from Anesthesia Associates, San Marcos, California.

FIG. 1. Adjustable laryngoscope handle. Blade lock (arrow) allows positioning of the blade.



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### Tension Pneumocephalus and Intermittent Drainage of Ventricular CSF

*To the Editor:*—Tension pneumocephalus already has received more than a fair share of attention in recent issues of ANESTHESIOLOGY.<sup>1-3</sup> However, I raise the sub-

ject again because of a clinical trap that I would like to describe, lest others fall in after me. A 39-year-old man with a 3-year history of unilateral hearing loss and head-