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Elastic Foamed Polymer Earplug as a Stethoscope Earpiece

To the Editor:—A precordial or esophageal stethoscope has been considered to be a fundamental monitor in pediatric anesthesia. A monaural earpiece is more comfortable than a binaural headpiece. However, unless custom-molded, the earpiece is often not used during a long operation because of discomfort.

I have found that an elastic foamed polymer earplug (Ear Whisper™, Cabot Corporation) and a disposable iv extension tube made a very comfortable earpiece, even for a long use.

The earplug is cut short, and a male adapter of an iv extension tube is inserted into the plug (fig. 1). The plug-earpiece is compressed and inserted into the auditory canal, then the earplug expands slowly in the canal and seals the space.

Since the introduction of the elastic foamed polymer earplug-earpiece, no residents have complained about discomfort of the ear.

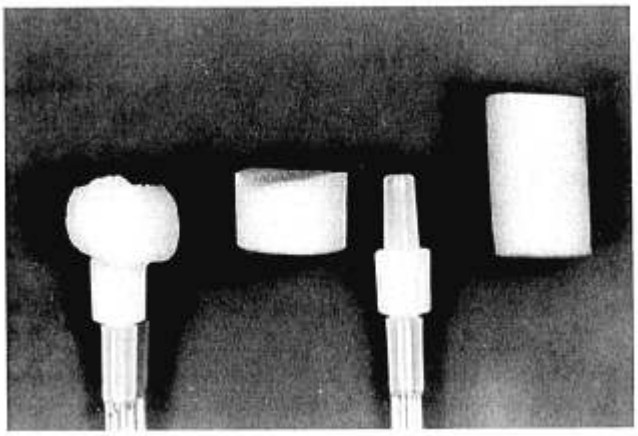

FIG. 1. Ear plug and iv extension tube make a comfortable earpiece.

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N_2O Has No Place During Oropharyngeal and Laryngotracheal Procedures

To the Editor:—We read with interest the clinical report entitled "Endotracheal Tube Fire Ignited by Pharyngeal Electrocautery," by Simpson and Wolf,[1] and we agree with their concern regarding the use of intraoral or pharyngeal electrocautery. However, we feel they missed an important opportunity to warn others and emphasize the danger when using electrocautery or laser with N_2O/O_2 combinations during upper airway procedures. Although the beneficial effect of decreasing the O_2 concentration in N_2 has not been studied in a controlled fashion with electrocautery, we feel the specific energy ignition source (electrocautery or laser) is of secondary importance to the avoidance of N_2O and the use of a low O_2 percentage in N_2.

El-Baz *et al.*,[2] investigating catheter ignition by laser during the use of O_2-N_2 and O_2-N_2O mixtures, noted the critical O_2 concentration in N_2 which avoided PVC tube ignition by laser to be an FI_{O_2} of 30%. Although the use of O_2 concentrations above the critical level of 30% may be required to provide adequate oxygenation in patients with coincident pulmonary disease, the majority of those presenting for elective airway procedures should tolerate 25–30% O_2 in N_2. Whether individual clinicians use cuffed endotracheal tubes in children or not, or avoid the