AN EASY METHOD OF PUTTING INFLATABLE CUFFS ON ENDOTRACHEAL TUBES

Many anesthetists have encountered considerable difficulty in applying inflatable cuffs to endotracheal tubes. Gillespie describes an elaborate three pronged instrument devised by Waters for this purpose. We have found a much simpler and more readily available instrument surprisingly satisfactory. This is a Doyen 5 3/4" intestinal forceps. The serrations on the blades should be ground down to make a smooth inner surface, but this is not essential. Talcum powder is applied generously to the endotracheal tube, the cuff and the forceps. With the forceps closed the blades are passed into the cuff until the tips of the blades project just beyond the end of the cuff. The end to which the pilot catheter is attached should be at the tip of the blades. The forceps are then spread apart far enough to allow the endotracheal tube to be inserted to the desired position (fig. 1). Withdrawal of the forceps is surprisingly easy.

AN AID IN PREVENTING THE INTERCHANGE OF CYLINDERS DURING THE ADMINISTRATION OF ANESTHETIC GASES

As long as the human element enters into the administration of an anesthetic, accidents from carelessness will occur. One such accident occurs by attaching the wrong cylinder of gas to the valve of the machine. The following case report is that of a fatality from such an accident.

CASE REPORT

During an operation in which spinal analgesia was employed, a 57 year old man complained and refused to keep his head and arms quiet. Inhalation anesthesia was started with nitrous oxide. The apparatus consisted of an anesthesia machine, with two "E" cylinders each of oxygen and nitrous oxide, and a truck containing one "G" cylinder each of oxygen and nitrous oxide, fitted with reducing valves. One "E" cylinder of oxygen was replaced by tubing to the "G" cylinder of the same gas and a similar arrangement was followed for the nitrous oxide. For reasons of economy this is customary in this hospital when a