

## CURRENT COMMENT AND CASE REPORTS

CURRENT COMMENT is a section in ANESTHESIOLOGY in which will appear invited and unsolicited professional and scientific correspondence, abbreviated reports of interesting cases, material of interest to anesthesiologists reprinted from varied sources, brief descriptions of apparatus and appliances, technical suggestions, and short citations of experiences with drugs and methods in anesthesiology. Contributions are urgently solicited. Editorial discretion is reserved in selecting and preparing those published. The author's name or initials will appear with all items included.

### PEPPERMINT FLAVORED TOPICAL ANESTHETICS

The procedure of spraying the pharynx and larynx with topical anesthetics prior to intubation produces a bitter taste which may cause coughing, gagging and vomiting. It is essential to prohibit unnecessary responses since we desire patients sedated properly and anything that causes them to be apprehensive prior to a surgical procedure minimizes preoperative preparation.

To mask this bitter taste peppermint water was added to cocaine solution. It was soon discovered that patients tolerated this solution much better than cocaine solution alone. Even though the bitter taste of cocaine was not entirely masked, patients stated that they did not object to the taste. When questioned further as to any other sensations perceived, they stated that they smelled something which was not unpleasant.

If the solution is sprayed on the tongue in a very minute amount and a few min-

utes allowed to elapse before proceeding, the disagreeable effects are avoided. During this short interval anesthesia develops and the bitter taste disappears. The sense of smell is much more acute than the sense of taste. Oil of peppermint is one of the most effective olfactory stimulants. It seems probable that the odor of peppermint stimulates the olfactory sensation so that the sensation of taste is not so acute as when the taste buds are stimulated alone with cocaine solution.

Peppermint flavored cocaine or pontocaine solution is prepared by adding one-half minim of oil of peppermint to a four ounce mixture of cocaine solution; or to one thousand cubic centimeters (1000 cc.) of distilled water, add two cubic centimeters (2 cc.) of oil of peppermint. This solution of peppermint water is used as a vehicle to prepare the anesthetic solution.

ZIGMORE HARRIS, M.D.,  
Chicago, Illinois

### AN ENDOTRACHEAL AND BRONCHOSCOPIC CABINET FOR PEDIATRIC ANESTHESIA

In the practice of pediatric anesthesia it is necessary to have endotracheal and bronchoscopic equipment immediately available. Since the size of the patients may vary anywhere between the extremes of 2 and 200 pounds, a large assortment of laryngoscopes, endotracheal tubes, and bronchoscopic apparatus is required. It is important to maintain this equipment in a manner that will provide both efficiency and sterility in its use.

A cabinet is presented which has proved extremely valuable in routine and emergency endotracheal procedures. The dimensions are such as to make it easily available to the seated anesthetist. It is 32 inches in height, the top being slightly below that of the cabinet-type anesthesia machine. There are four drawers, each 22 inches wide and 15 inches from front to rear. The first three drawers are only 3 inches in depth, and serve as wide, shallow

trays, upon which endotracheal apparatus may be spread out in full view. The fourth drawer is 5 inches deep, so designed for storage of the more bulky bronchoscopic equipment and additional accessories for remote emergencies. The top of the cabinet is hinged. This feature enables the anesthetist to have access to the top drawer at all times without impeding use of the lower drawers. The cabinet is mounted on easily rolling wheels, so that it may quickly be transported to any part of the operating floor.

Equipment is arranged in the various drawers for maximum efficiency. Since the choice of the properly sized endotracheal tube often must be made while the larynx is being held in view, these tubes are spread out in the top drawer. They are laid out in the order of size, and vary from number 8 through number 30 French. These tubes, which are of the soft rubber variety, are the type most commonly used in pediatric anesthesia. The drawer is lined with a sterile towel. The tubes are

sterilized, placed upon this towel, and then covered with another. In this way contamination is effectively eliminated. Wire stylets are kept in the smaller tubes to facilitate their passage.

The second drawer contains laryngoscopes and the various coupling devices necessary for endotracheal anesthesia. Four laryngoscopes, the infant MacIntosh, infant Miller, Wis-Foregger, and adult Guedel, have been found a combination adapted to meet all needs. Laryngoscopes also are sterilized and ready for use.

The third drawer contains a second assortment of endotracheal tubes. These are of the woven type, and are used less often. Because they afford more ready passage of suction tubes than do the rubber variety, however, they are often preferable in operations in which excessive secretions or pus may be encountered in the respiratory tree.

Bronchoscopic equipment is maintained in the fourth or bottom drawer. It is necessary to have apparatus of several different sizes for this type of work also.



FIG. 1. Cabinet for endotracheal and bronchoscopic apparatus.

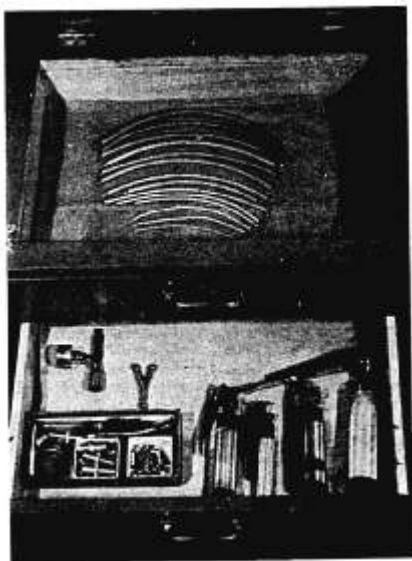


FIG. 2. View of endotracheal apparatus afforded by raising hinged top and opening second drawer.

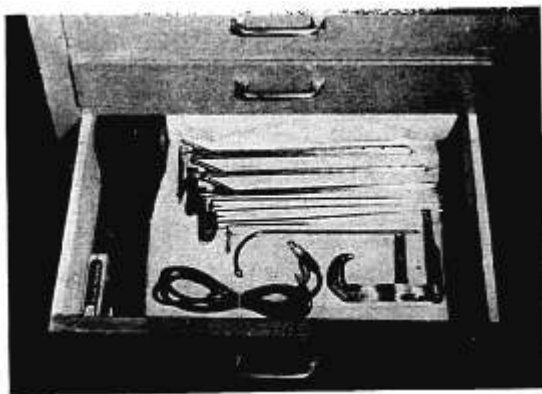


FIG. 3. Broncho-copic equipment as arranged in bottom drawer.

Accordingly, the 4, 5 and 9 mm. bronchoscopes, with appropriate lights and suction tubes, are provided. There is room in this drawer for battery boxes and light cords for the bronchoscopes, as well as ampules of procaine and pentothal, sterile water, and syringes for treatment of arrhythmias, convulsions, and so forth.

The cabinet described was designed for both routine and emergency endotracheal procedures. It is kept in the induction room of the anesthesia department, and

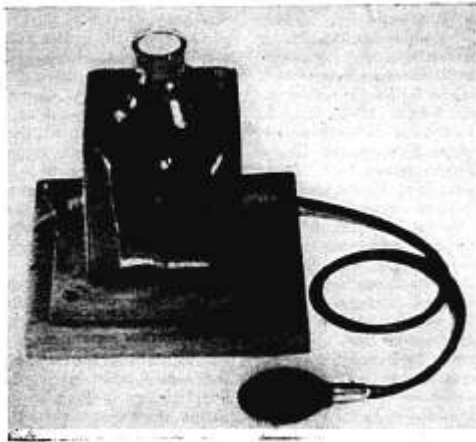
serves as a readily available unit containing all the necessary equipment for pre-operative intubation and bronchoscopic suction. Its movability renders it extremely valuable for use in emergency operative intubation and resuscitation.

ROBERT M. SMITH, M.D.,  
BETTY E. LANK, R. N.,  
*Department of Anesthesia,  
Children's Hospital,  
Boston, Mass.*

#### APPARATUS FOR AGITATING BLOOD BOTTLE

A simple apparatus (fig. 1) which I have devised utilizes the hand squeezing motion of the blood donor to stir the blood being drawn from his arm. It is useful when little help is available.

that a line joining the two runs eccentrically across the bottom of the box and parallel to one edge. This line should not be too close to the edge of the bottom, to insure that the bottle will always rest on



The bottle (I employ a Fenwal flask) into which blood is being drawn is placed in an open-topped plywood box with weighted bottom. The base of the box is a square, each side of which is  $\frac{3}{4}$  inch longer than the diameter of the bottle. Two half-inch holes are drilled exactly opposite each other just above the bottom of the box so

the inflatable latex Penrose tubing which extends between the two holes. On the side toward which the bottle is tilted by inflation of the latex Penrose tubing, a variable center section may be cut out, leaving vertical lateral edges. This permits observation of the blood flow and allows for an increased tilt of the bottle. A hand bulb