

of 6 volts or less, but many operators believe that illumination by the head lamp is unsatisfactory. The ideal source of light to employ with the head mirror should radiate with constant intensity through a wide angle; this enables the operator to move freely about an arc of a circle, the center of which is the source of light. In addition to being enclosed from flammable or explosive vapors, such a lamp should be easily adjustable to different heights above the floor and to different positions relative to the field to be illuminated by reflection. The electrical circuit should not be established or broken except within an explosion-proof receptacle at the wall, unless an approved switch of the explosion-proof type is provided.

An enclosed lamp (illustration) which conforms to the criteria that have been re-

viewed above has been constructed from readily obtainable materials:

1. Floor standard and goose-neck, from obsolete infra-red therapy lamp.
2. U. S. Navy surplus vapor-proof lamp, of the pendant type. The globe enclosing this lamp is composed of heavy glass, capable of withstanding hard usage without breaking. When the globe has been heated by prolonged use it withstands brief contact with cold liquids, but not immersion.
3. Heavy-duty, insulated, three-wire electrical cord to explosion-proof plug.
4. 250 Watt lamp bulb.

JOHN R. LINCOLN, M.D.,
*Director of Anesthesia,
 Maine General Hospital,
 Portland, Maine.*

CORRESPONDENCE

To the Editor:

Two years ago I described a "reverse action forceps" for easy insertion of endotracheal tubes in cuffs (1), but the device was found to be too difficult to manufacture at a moderate price, so the idea of their manufacture was dropped. Later it was discovered that the Killian Nasal Speculum with 3-inch or 3½-inch blades, is even better for the application of cuffs (fig. 1). The speculum can usually be found in any well-equipped operating room. The

blades are tapered to permit a cuff of any size to slip over them. It is important that the speculum be made of steel, to be strong enough for this purpose.

REFERENCE

1. Lipson, Henry I.: Reverse Action Forceps for Easy Insertion of Endotracheal Tubes into Cuffs, *Anesthesiology* 8: 89 (Jan.) 1947.

HENRY I. LIPSON, M.D.,
Fort Howard, Maryland



FIG. 1.