



FIG. 1. Several types of laryngoscope blades coated with nonreflecting surfaces.

been removed. This type of coating caused too much reflection. At the present time the blades are coated by first removing the chromium plate from the desired areas, then spraying them with an industrial, synthetic, flat black enamel and baking it to the proper finish.* This finish is chip-resistant and is not affected by soap, water, alcohol, ether or commonly used antiseptics. Figure 1 shows several

* Finish applied by Brust Brothers, 119 Walton Avenue, Brooklyn, New York.

common types of laryngoscope blades with nonreflecting black coatings. The improvement in utility is appreciable. At first there does not seem to be much difference but if, after using these nonreflecting blades for a time, one reverts to the bright chromium plated type, the glare is obvious and distracting.

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CORRESPONDENCE

To the Editor:

Regarding our report "Curare in Torti-collis" [ANESTHESIOLOGY 11: 751 (Nov.) 1950], we wish to state that there has been no recurrence nor any further treatment necessary in the cases reported. We have since treated 3 additional patients similarly, with the same remarkable results. In these latter cases, enough curare was administered intravenously to give complete muscular relaxation of the neck, and the intramuscular injection was eliminated. These 3 patients were treated by physicians for from three to eleven days by all other accepted methods of treatment, with little or no improvement, before being referred to us. Complete cure was ob-

tained in all cases following one intravenous injection of curare.

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To the Editor:

I have read with great interest in ANESTHESIOLOGY 11: 65-75 (January, 1950) the article by Dr. Daniel C. Moore, "The Use of Pontocaine Hydrochloride for Nerve Block and Infiltration Analgesia, Therapeutic, and Diagnostic Blocks: 1004 Cases."

I thoroughly agree with his conclusions