



Fig. 2.

blades, such as the McIntosh, Flagg, Miller, Wiz-Foregger or Murphy blades (fig. 1). The other end joins the handle at an angle of 105 degrees in order to bring it parallel to Guedel, Barnes, Bennett and other acute-angle seated blades (fig. 2). We have found that this simple device gives our

laryngoscopic equipment added versatility and usefulness.

JOHN ADRIANI, M.D.
AND G. BITTENBENDER, M.D.,
*Department of Anesthesia,
Charity Hospital,
New Orleans, La.*

ALLERGIC DERMATITIS DUE TO RUBBER: REPORT OF CASE

A woman, 38 years old, was admitted to the hospital for gynecologic surgery.

At preoperative examination the blood pressure was 138 mm. systolic and 90 mm. diastolic, the pulse was rapid but rhythm was regular and there was a postnasal drip. The patient was a heavy smoker. She was quite apprehensive. She denied any allergic reactions to drugs.

Preoperative medication consisted of seconal, $1\frac{1}{2}$ grains, the night before operation. At 8 a.m. on the morning of operation, the patient was given morphine sulfate, $\frac{1}{4}$ grain and atropine sulfate, $\frac{1}{500}$ grain. The anesthetic of choice was pentothal, 0.4 per cent, to be used as a continuous infusion, combined with nitrous oxide, 2 liters, and oxygen, 1 liter, semi-

closed system, with a pharyngeal airway, black rubber mask and gum rubber head strap. The patient was placed in steep Trendelenburg position. The two hour operative course was uneventful. A total of 2 Gm. of pentothal was given and on two occasions at forty-five minute intervals, syncurine was given intravenously. A rubber catheter was left in the urinary bladder for twenty-four hours after operation.

On the first postoperative day, the patient complained of burning and itching on the cheeks and face. The reaction had the appearance of a dermatitis. On the third postoperative day, she noticed the same burning and itching of the urethra and labia majora. When she was questioned,



FIG. 1.

she said she had known for some time that she was allergic to any type of rubber; garter belts or girdles always produced the same type of reaction. The photograph (fig. 1) shows quite well the area of bilateral involvement on the face.

The condition was treated with white vaseline and no other medication was used. The patient made a satisfactory recovery and when she was discharged on the ninth postoperative day there was no evidence of the dermatitis.

This case illustrates the importance of the

preoperative consultation by the anesthesiologist. Although such visits may be thought to have been adequate, many times it is found that patients do not give information which is most important. It would have been interesting in this case to have known the reaction which might have occurred had a rubber endotracheal tube been used.

VERNON G. BEGENAU, M.D.,
Dept. of Anesthesiology,
No. Westchester Hospital,
Mt. Kisco, N. Y.

A PLASTIC NEEDLE

The plastic needle consists of a short length of transflex* tubing of suitable diameter, fixed at one end to a hub and

tapered to its inside diameter at the free end, through which a steel needle has been passed as a stylet.

*Tubing manufactured by the Irvington Varnish and Insulator Co., Irvington 11, New Jersey.

TECHNIC

The stylet needle is a 3 inch, number 19 needle (fig. 1a). The cannula hub is a