

## 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.

### AN ENDOTRACHEAL TUBE CLAMP AND BITE BLOCK

With the advent of the endotracheal tube, the anesthesiologist was given a tool to prevent obstruction of the airway by the tongue or larynx. The endotracheal catheter prevents the aspiration of pus, blood or mucus; it provides a ready pathway for suction in the trachea and large bronchi, and it is an aid to assisted and controlled respiration.

All of these advantages are given to the anesthesiologist if the endotracheal catheter is well placed. A kinked tube or a tube obstructed against the wall of the trachea or one which enters a main bronchi defeats this purpose.

In order to insure the advantages of the endotracheal catheter, an endotracheal tube



FIG. 1.



FIG. 2

clamp and bite block was designed. It holds the endotracheal tube firmly so that it cannot move from the position in which it is placed. The long, vertical cuff acts as a bite block so that the teeth cannot occlude the tube. The entire instrument is held firmly in place by means of the ordinary head strap, using the two prongs provided on the top of the instrument for anchorage. A small hole made in the lip plate allows "pharyngeal suction with the clamp in place." It is made of aluminum and measures 3.6 cm. in width and 2.5 cm. in length.

This piece of apparatus eliminates use of an airway or gauze sponge roll for a bite block and adhesive taping to secure the catheter. The clamp is most helpful when the patient is in the cerebellar position; in this position saliva and mucus cause even the waterproof adhesive tape to loosen, allowing the endotracheal tube to become dislodged. For the same reasons, this piece of apparatus is especially useful when the Overholt position for thoracic surgery is to

be employed. The clamp is placed on the endotracheal tube before it is introduced into the pharynx and trachea. Once the anesthiologist has placed the endotracheal tube in its proper position, the clamp is adjusted by means of the screw clamp and immobilized by the use of the ordinary head strap.

This instrument is made in two sizes; one accommodates catheters ranging from French number 24 to number 28 and the other catheters ranging from a French number 30 to number 36.

This piece of equipment has been advantageous in securing endotracheal tubes in all types of surgical procedures.\*

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\* The endotracheal clamps may be obtained from the Foregger Company, New York, New York.