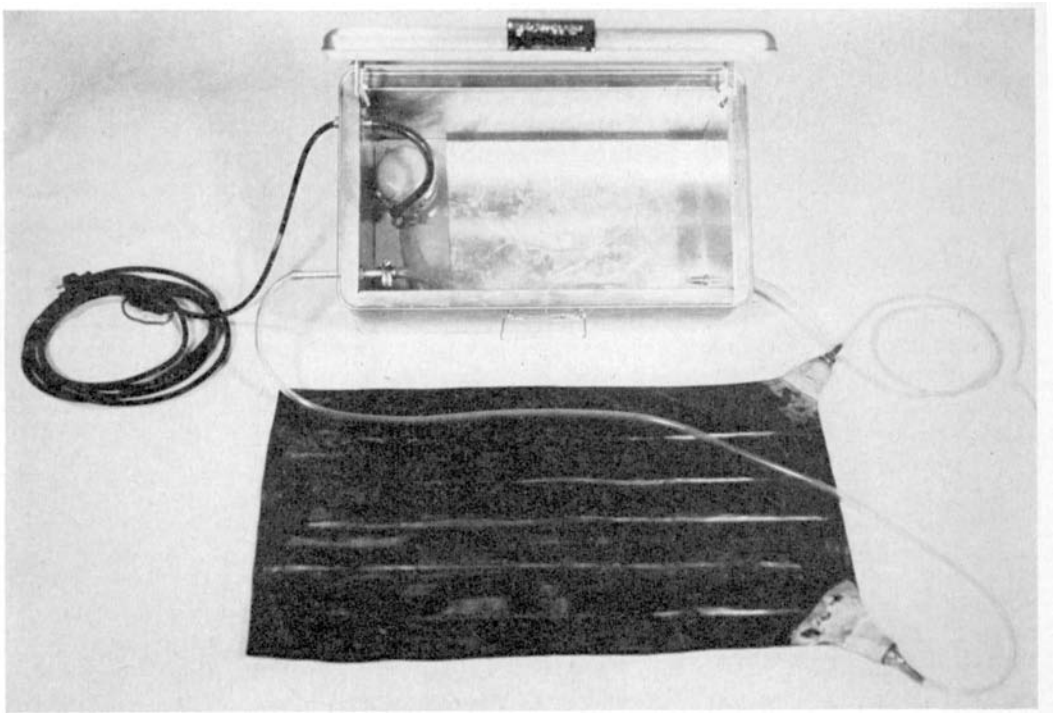


FIGURE 2.

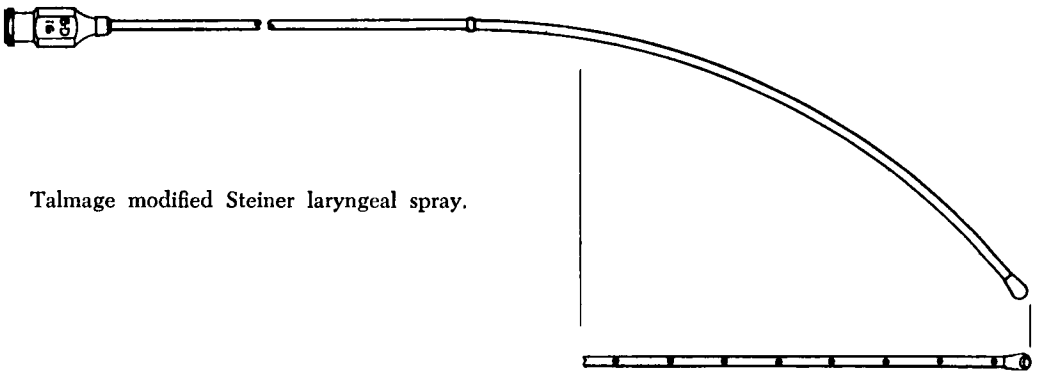
This has proved a very convenient and economical way of cooling and warming patients. It can be assembled easily by a hospital maintenance man, and requires no special parts or fittings. We recommend it for use in other institutions.

Modified Cannula for Tracheal Spray

EDWARD A. TALMAGE, M.D.*

In order to facilitate quick topical anesthesia application during direct laryngoscopy, a Steiner cannula was modified by bending the curve of the instrument to a radius similar to the Macintosh laryngoscope blade and drilling an additional hole at the end as illustrated. When a forceful injection is made using a 5-ml. syringe, a fine stream is directed through the end hole down toward the carina so that approximately 1 ml. of solution reaches this area. When 5 ml. of 4 per cent lidocaine are employed, carinal anesthesia is sufficiently profound to obliterate the cough reflex upon suction catheter stimulation. Inserting the cannula so that the distal end is freely within the tracheal lumen and directed straight downward toward the carina is helpful. Sufficient solution is also ejected from the upper lateral orifices so that the supra-glottic area is bathed as well as the interior of the larynx. If non-Luer-Lok plastic syringes are not firmly attached, the cannula may become dislodged from the syringe tip during the in-

* Guthrie Clinic, Sayre, Pennsylvania.



Talmage modified Steiner laryngeal spray.

jection but is prevented from passing down the trachea out of reach by the curvature which forces the distal tip to impinge on the anterior tracheal wall.

The use of this cannula has provided a good alternative method to trans-cricothyroid injection and has been consistently more effective than spraying. When used with a thiopental succinylcholine intubation sequence, the return of spontaneous respirations and the induction of the inhalation anesthesia has been notable for the absence of coughing, straining, and bucking, obviating the need for further thiopental or muscle relaxants and attempts to "smooth out" the course by using injudiciously high and sudden increments of potent inhalation agents. This mode of topical anesthesia has also proven to be a useful adjuvant to general anesthesia for bronchoscopy.

Cutting off the adapter end of a 14 F suction catheter to the required length makes a handy sheath for storing the clean cannula.

The name and address of the manufacturer of this cannula (and other products described in this section) may be obtained from the Journal office: ANESTHESIOLOGY, J. B. Lippincott Co., East Washington Square, Philadelphia, Pennsylvania 19105.

A Device for Positioning the Prone Patient

ROBERT H. SMITH, M.D.*

We have devised a mechanical hoist to facilitate placing patients in a satisfactory prone position for surgery on the low back. An earlier publication [1] described the basic principles of safe positioning for patients to be operated on in the prone position and the "Georgia" position: a special adaptation of the prone position.

The hoist is designed to be used with any standard operating table. Its recent development as an inexpensive operating room adjunct is consequent to the availability of satisfactory locking-type casters.

The base of the hoist is heavy (½ inch iron plate 20 inches wide by 24 inches long) and is mounted on locking casters. The hoisting mechanism is a scissors-type auto jack which closes to 4″ high and opens to 20″ high, and is mounted on the 20″ × 24″ base plate. The patient support area is a ¼″ iron plate 20″ × 24″ which is attached to the top of the jack and has a slot in its leading edge for the insertion of a vertical 4″ iron plate to act as a knee-guard.

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