

## An Aid for Blind Naso-Endotracheal Intubation

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Naso-endotracheal intubation was facilitated through the use of an indicator which consists of a two-inch long, clear plastic tube, with an internal diameter of one quarter inch and an outside diameter of  $\frac{3}{16}$  inch on which are mounted a male and a female adapter (fig. 1).

In practice, the indicator is attached to the male adapter of a well lubricated naso-endotracheal tube and after adequate topical anesthesia of the nasopharynx, the tube is inserted into the nostril and advanced progressively as long as moisture condenses on the indicator during expiration and clears on inspiration. If the condensate does not form during expiration and clear on inspiration after the tube has been advanced, it is withdrawn until the sign again appears. The tube, head or larynx, is manipulated and the tube is again advanced as long as the sign appears until the trachea is entered, at which time proper placement will be indicated by cough, increased respiration and the condensation or evaporation of moisture on the indicator.

Should the administration of oxygen or anesthetic gases be desired during the procedure, it can be accomplished by attaching the source

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to the male adapter of the indicator by means of a T tube.

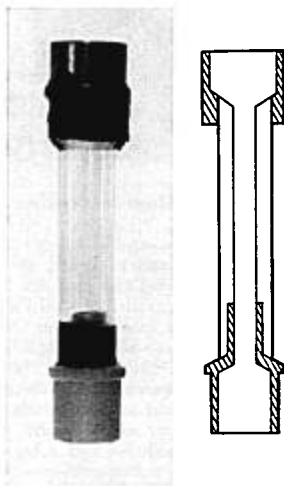


FIG. 1.

## A Simple Method for Direct Arterial Pressure Measurement

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The measurement of arterial pressure by the usual indirect sphygmomanometric method may be unsatisfactory or difficult in certain circumstances. Direct intra-arterial measurement by electronic means may not always be

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readily available. A simple device based on the "air-spring" principle and made from readily available materials is described here.

A tube, closed at its distal end, is connected proximally to an arterial cannula. The distal end of the tube contains air; the proximal end saline. Changes in arterial pressure are reflected in variations in length of the air column in accordance with Boyle's law. Devices based