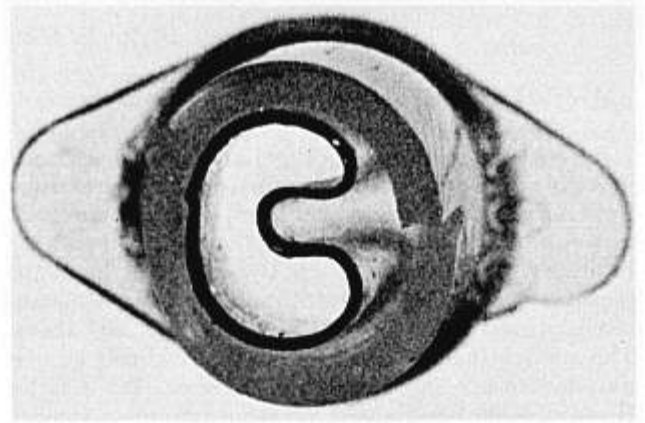


FIG. 1. Cross-section through the endotracheal tube just below the adaptor. The adaptor is invaginated, partially obstructing the lumen of the tube.

→
tube. This infrequent problem is best avoided by being aware of the possibility and always inspecting endotracheal tubes before inserting them.

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Connections from Anesthetic Machine to Circle System Unsatisfactory

To the Editor:—The finding by Cooper *et al.*¹ that accidental endotracheal tube disconnection was the commonest “near miss” underlines the unjustified reliance which anesthesiologists place on the interference fit of taper cone connectors, although more positive locking devices have been described.² Endotracheal tube connectors are also commonly used to connect the fresh gas outlet of the anesthesia machine to the breathing circuit. These can become partially disconnected, resulting in air dilution or leakage, or bent so as to occlude fresh gas delivery. A further cause for concern is the unprotected rubber tubing usually employed to carry the fresh gas to the breathing circuit. Apart from external compression, the tubing can be occluded, especially when a curved connector pointing downwards is used when the carbon dioxide absorber unit is raised (fig. 1). The data of Cooper *et al.* should stimulate analysis of existing engineering designs for attaching fresh gas supply lines from machine to circle system, as well as connectors used for endotracheal tubes.

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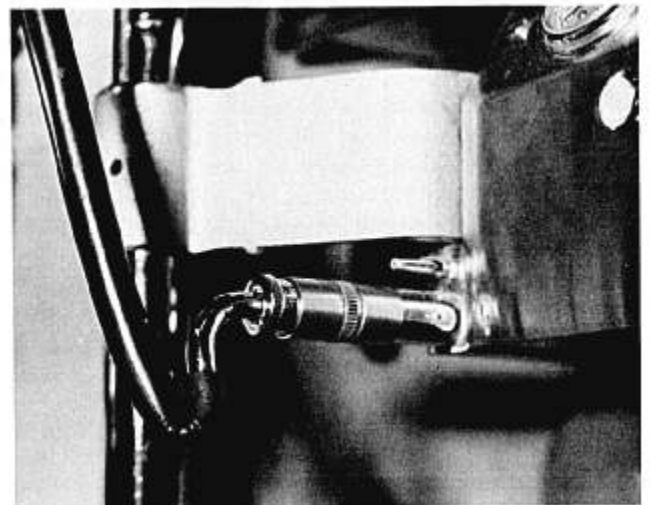


FIG. 1. Connector and tubing in possibly hazardous configuration.

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