

dissection and placement of sutures; it also allows pus and blood to be suctioned without risk of contamination of the remaining pulmonary tissue.

This procedure is an improvement over previously reported methods for endobronchial blocking and can be an alternate solution to selective intubation as reported by Watson *et al.*¹

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New Pediatric Laryngoscope

To the Editor:—In the April 1982 issue of ANESTHESIOLOGY, Dr. Moynihan recommended to use a thin strip of standard cloth adhesive tape to the lingual surface of the blade to control the slippery tongue of the neonate.¹

To overcome this problem, we have developed a new pediatric laryngoscope with a thin and wide blade for easy control of the slippery tongue (fig. 1). In addition, the blade makes an obtuse angle with the handle for facile oral insertion of the blade. This laryngoscope has been on the market for 5 years, and can be purchased from Acoma, Co., Ltd, Japan.

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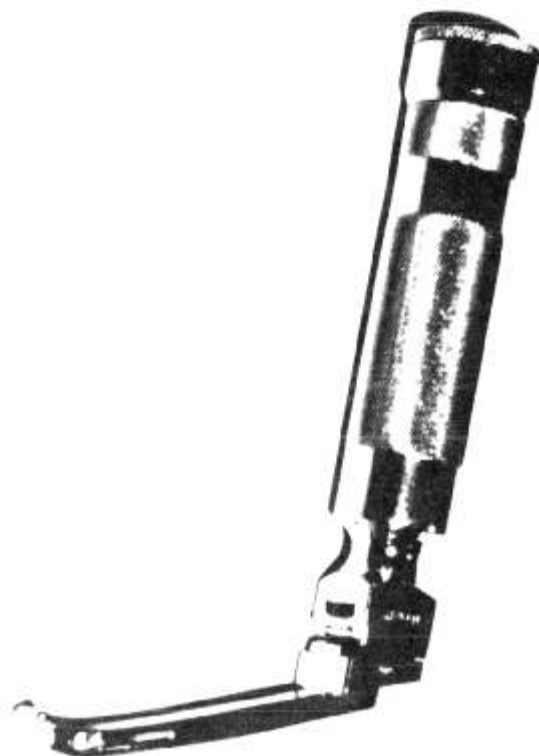


FIG. 1. A new pediatric laryngoscope to control a slippery tongue.