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In reply:—We thank Dr. Hinkle for his comments and concern about the use of fruit flavors to aid induction of anesthesia in children. The possible adverse reactions to chemical ingredients in fruit flavors cannot be totally ignored. However, fruit flavors have been used in more than 4000 cases over 5 yr at Hyogo Children's Hospital¹ and at our hospital,² and thus far we have not encountered any adverse reactions. Any drugs or chemicals, including fruit flavors, must be used carefully in patients with allergic histories or reactive airway disease.

The use of scented masks may be a good alternative, but it must be a costly alternative. One additional word of caution: ethyl alcohol in fruit flavors does interfere with measurement of volatile anesthetics by the Datex "Normac," an infrared anesthetic analyzer.³

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Guided Orotracheal Intubation in the Operating Room using a Lighted Stylet

To the Editor:—I read with great interest the article by Ellis *et al.*¹ on this subject. Recently, Cavo² has described 30 cases of unilateral vocal cord paralysis after endotracheal intubation. Since transient voice changes and hoarseness are common after incubation, and since few of these patients have their larynx examined, the true incidence of this complication is not known. However, it is presumed that unilateral vocal cord paralysis is caused by undue pressure of the endotracheal tube cuff on the anterior branch of the recurrent laryngeal nerve in the sub-glottic region. The lighted stylet can be used to place the proximal end of the cuff on a plastic endotracheal tube just below the cricoid cartilage.^{3,4} This is achieved by advancing the endotracheal tube through the laryngeal opening with the light of the stylet positioned at the proximal end of the cuff until the transilluminated light is seen in the neck, just below the cricoid cartilage. The cuff is then inflated, and the endotracheal tube is firmly secured. It is important for anesthesiologists to remember that en-

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dotracheal tube cuffs are designed to produce a seal in the trachea, and not in the larynx.

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