

CORRESPONDENCE

tube at the point where it had been shaped to assist in the intubation. The patient was ventilated easily with a face mask, followed by intubation without the aid of the stylet, and the surgical procedure was performed without further incident.

A similar incident involving a 2.5-mm ETT was reported previously, and it was suggested that plastic ETT connectors would obviate the shearing problem.¹ Our incident occurred with a 3-mm ETT, despite the use of a plastic ETT connector. The point of maximum stress and shearing was where the tube was shaped, not at the ETT connector.

If the use of a stylet is necessary, we recommend that the plastic covering of the stylet be removed, the tip of the metal stylet be seated completely inside the ETT to prevent damage to the airway, and that the stylet be bent at the proximal rim of the ETT connector to prevent migration of the stylet distally. If the plastic covered stylet is used, we suggest that the stylet be inspected for its integrity immediately after its withdrawal and that no attempt be made to ventilate

through the ETT if shearing has occurred to avoid displacement of the foreign body into the lower airway.

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Laser Pointer As a Teaching Tool in Operating Rooms

To the Editor:—The practice of anesthesia requires the performance of many invasive procedures under sterile conditions, e.g., the cannulation of a central vein and the placement of caudal stimulating catheters. In a teaching institution, a trainee learns to accomplish these procedures under the supervision and guidance of the attending physicians. Identification of the correct entry point and the direction of the needle advancement are of pivotal importance for completing these procedures. Verbal communication sometimes may not adequately provide the guidance. A pair of sterile gloves and sometimes a thorough hand scrub and sterile gown may be required for the attending anesthesiologist to enter the sterile field and help to identify the correct needle entry point, although this is not always feasible, or sometimes, possible.

We have found that a pen-size laser pointer can help save time and expenses. From a safe distance, the correct entry point in the sterile field and the path of the needle can be precisely pinpointed and prescribed with a laser pointer.

During general anesthesia, care should be taken not to shine the laser light directly into patients' eyes.

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An Anesthetic Curiosity in New York (1875-1900): A Noted Surgeon Returns to "Open Drop" Chloroform

To the Editor:—Ether was the main anesthetic in the American Northeast during the second half of the nineteenth century.¹⁻⁴ Chloroform enjoyed a few months of popularity in Boston in 1848³ but was quickly discarded after several deaths were reported on both sides of the Atlantic.³ The American preference for ether rested on its safety, chauvinistic pride, and the influence of Boston and Philadel-

phia on American medical practice.¹⁻³ The European objection to ether's slow action was overcome in the United States by the practice of "pushing" or "forcing" ether to hurry the induction. Like Snow,⁵ most European surgeons judged ether to be safer than chloroform but were seduced by the latter's potency and resulting fast and smooth action.¹⁻³ They believed that vaporizers delivering low concentra-