A BABIES’ LIGHTWEIGHT SUCTION ENDOTRACHEAL CONNECTOR

BY

L. Rendell-Baker

Department of Anaesthetics, Welsh National School of Medicine, Cardiff

The increasing frequency of operations for tracheo-oesophageal atresia in the newborn, has shown up a deficiency in the armamentarium of the thoracic anaesthetist. These babies invariably require tracheal suction during operation to remove milk, secretion or blood. Unfortunately, the smallest size of any available pattern of endotracheal connector is both too large and too heavy for the 0 and 00 size tubes required for these little patients. The difficulty has been solved by making a connector out of a very light alloy and by slightly modifying the design of Cobb’s connector to suit these particular circumstances. The angle has been increased from 90° to 115°, thus suiting the position of the baby’s head during the operation. Fine bore polythene tubing has been found satisfactory for use as a suction catheter.

ACKNOWLEDGMENT

Considerable help with the design and method of construction was given by Mr. E. K. Hillard, Senior Technician to the Department.

These connectors can be obtained from Messrs. A. Charles King, Limited.
A NEW ENDOTRACHEAL HARNESS

BY

F. W. PARKE

Ronkswood Hospital, Worcester

In using the circle-type absorber for endotracheal anaesthesia, I have been struck by the difficulty in finding a suitable method of retaining the Y-shaped expiratory mount in position.

The great disadvantage of Hudson harness is the trauma caused to the forehead by the pressure exerted on the metal end of the adapter or on the expiratory mount itself, and damage to the supraorbital nerve from this cause has recently been described by Barron (1955).

The harness described by Levis (1954) is an improvement in this respect, but, like the Hudson harness, the point of fixation is in front of the expiratory mount, and the weight of this latter with its attached corrugated tubes, unless additionally supported, tends to lift the endotracheal tube out of the mouth.

To overcome these difficulties I designed and made the harness here illustrated.

This consists of a metal plate to which are attached two Terry clips and two hooks. It is faced with sorbo rubber, wedged towards the front, backed with strip rubber and moulded to the shape of the forehead. To avoid damage to soft metal expiratory mounts the Terry clips are covered with polythene tubing.

Figure 1 shows the harness in position on the forehead.

In use (fig. 2) the Terry clips grasp the transverse parts of the swivel arms of the
A NEW ENDOTRACHEAL HARNESS

Y-piece on either side of the expiratory valve and the whole is retained in position by a single rubber strap around the occiput. The retaining hooks being fixed directly to the base plate, there is no drag on the rubber components of the harness.

It has proved extremely satisfactory, the Y-piece expiratory mount being securely fixed no matter what position the patient be in.

ACKNOWLEDGMENT

My thanks are due to Mr. Hiren De, F.R.C.S., for the photographs.

The harness may be obtained from Medical and Industrial Equipment Ltd.

REFERENCES


CORRESPONDENCE

Sir,—Drs. Forrester and Saunders are to be congratulated on their article “Intra-Arterial Thiopentone” (Brit. J. Anaesth., December 1955). One statement therein requires correction. The authors write: “It is interesting to note that this accident has not been observed in a case already anaesthetized.” In the case described by me (Brit. med. j. (1954), 1, 393), referred to by the authors, the accident in fact occurred in a patient already anaesthetized with 500 mg thiopentone, during the injection of a supplementary dose in the other arm.

T. D. CULBERT
Manchester

FACULTY NEWS

EIGHTH ANNIVERSARY OF THE FACULTY

The Eighth Anniversary of the Faculty will be held this year on Wednesday, March 21. Arrangements will be made as follows:

3 p.m.—Annual General Meeting, which all Fellows and Members of the Faculty are invited to attend.

4 p.m.—Joseph Clover Lecture, to be given by Dr. K. W. Donald, F.R.C.P.

7.15 p.m. Anniversary Dinner, which may be for 7.45 attended by all Fellows and Members of the Faculty and their guests. Distinguished guests attending the Dinner will include the Minister of Health.

SCIENTIFIC MEETING

A Scientific Meeting of the Faculty will be held on Saturday, May 5, 1956. This time the symposium will be on the Adrenal Gland. Further details will be announced later.

FUTURE COURSES

The Spring Course of Anaesthetic Lectures will be held from April 9 to 28, 1956, and will be open to both D.A. and Final F.F.A.R.C.S. candidates. The fees for this course are as follows:

Lectures . . . . . . £15 15s.
Discussion Groups . . . £15 15s.
Clinical Conferences . . . £5 5s.

EXAMINATION RESULTS

209 candidates presented themselves for the recent D.A. examination 111 of whom passed.

W. F. DAVIS
Secretary