surgical procedure was started with a single-lumen endotracheal tube.

During the operation, the right mainstem bronchus was divided. This division included a small portion of the lateral tracheal wall at the origin of the right mainstem bronchus. The oral endotracheal tube was then withdrawn into the proximal trachea, and a sterile endotracheal tube was inserted through the surgical field, across the tracheal carina and into the left mainstem bronchus. This tube was connected to the anesthesia circuit for continued ventilation during the rest of the surgical procedure.

After the right lung was resected, the transthoracic endobronchial tube was removed and ventilation resumed via the original endotracheal tube. The incision in the tracheal wall was then closed. The patient tolerated this procedure well, and the trachea was extubated 12 hours later. Arterial blood gases during breathing of 50 per cent oxygen during the period of endobronchial anesthesia remained adequate, with $P_{o_2}$ 116 torr and $P_{co_2}$ 35 torr.

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Modified Laryngoscope for Endotracheal Intubation of Neonates

To the Editor: —Cork et al.1 and Wung et al.2 described the fitting of a feeding tube to the laryngoscope blade to provide oxygen flow and to prevent hypoxia during laryngoscopy and intubation of neonates. Wung et al.2 taped a feeding tube to the laryngoscope blade. Cork et al.1 experienced difficulties with this method, namely dislodging and problems with reapplying the tube within a short period of time; they threaded a feeding tube through two small holes drilled in the blade of the laryngoscope. The benefit of this technique was demonstrated by measuring transcutaneous $P_{o_2}$ values.2

I had experienced similar difficulties using the technique of taping the feeding tube to the laryngoscope blade. We have succeeded in eliminating these problems by soldering a long, wide-bore aspirating needle to the Dräger neonatal laryngoscope (fig. 1). The advantages of this modification are that it provides increased stability and security and that it allows sterilization of the entire laryngoscope.

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Fig. 1. Modification of the neonatal laryngoscope.