tioned well. The most useful applications for this instrument will probably be in the IPPB treatment of postoperative patients and in those patients whose respirations are being controlled, whether during anesthesia or on the wards.

REFERENCES


How to Make Your Laryngoscope Light Work

PAUL J. SCHNEIDER, M.D.,* and BRUCE M. ANDERSON, M.D.*

With a pressurized six ounce can of “tuner cleaner,” from your television repairman, you can keep the contacts on your direct laryngoscope cleaned and lubricated and working virtually every time.

Spray the cleaner on the contact points where the blade attaches to the handle, rub lightly with your finger, and respay; spray the light socket, and the threads on the bulb, screw the bulb in and out two or three times, respay with the cleaner, and screw the bulb in snugly.

While the lubricant in the cleaner seems very oily, it is readily removed with either simple wiping or with any ordinary solvent.

You might find this trick useful!

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