A LARYNGOSCOPE ATTACHMENT FOR DUAL-VISION LARYNGOSCOPY

On an anesthesia teaching service, particularly where there are medical students as well as interns and residents, the anesthesiologist is handicapped by the time and mechanical factors in an adequate demonstration of laryngoscopy. Usually, if he exposes the laryngeal orifice and steps aside, the observers do not see the oropharyngeal anatomic structures on approaching the larynx. Often, too, the slight motion imparted to the laryngoscope handle in transferring the grasp to another observer will be sufficient to lose the view or to lever on the teeth or gums.

We have devised an attachment for the hook-on laryngoscope handle which will allow an observer standing at the patient's right side to have a view identical with that of the anesthesiologist. This is of value also when a newer member of the anesthesia department is performing the laryngoscopy, since the instructor is in a good position to direct the procedure. The attachment consists of a corrosion-resistant aluminum plate in line with the laryngoscope blade, and this supports a half-silvered or "transparent" mirror at right angles. It is illustrated here attached to the handle of a folding laryngoscope. The half-silvered mirror reflects to the observer the lighted field in the pharynx while the laryngoscopist looks through the mirror or around it. Standing behind the half-silvered mirror the laryngoscopist looks through it unless the scope is at such an angle that one of the room lights is reflected to him brighter than the light at the end of the laryngoscope. This still does not interfere with the observer's view. The anesthesiologist in this case can look
around the side of the mirror, or if necessary he can pivot the mirror completely out of the field of vision. The mirror is locked into position by a coil spring which holds it either at right angles or parallel to the supporting bar.*

Our use of the dual-vision attachment

*This dual-vision attachment is available from L. L. Pellet Co., 2008 North Garrett Street, Dallas, Texas.

A STABILIZING ENDOTRACHEAL ADAPTER

We who anesthetize patients in the face-down position must cope with the problem of holding the endotracheal tube in place during operation. With routine surgical procedures this is not a serious problem, but when the pleural cavity is open, it is a catastrophe to have an endotracheal tube drop out. It was thought that some universal type of adapter which is held securely in place would be the answer to such problems.

The adapter that was finally developed is

Fig. 1.