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.

has not been inconvenient to the laryngoscopist and has been of very great benefit to the observers.

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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
held in place with woven tape that can be tied around the neck of the patient. A disposable sponge rubber pad is placed between the adapter and the patient’s face to prevent pressure on the lips.

Several precautions must be observed in the use of this adapter. First, the tape must not be tied so tight as to produce pressure effects. Second, the endotracheal tube must be sufficiently short that it does not pass beyond the carina.

This adapter is of considerable use in such procedures as intrathoracic surgery with the patient in the Overholt position, suboccipital craniotomy, and exploration for herniated disc in the cervical region.

Summary: A new adapter is offered to solve the problems of the anesthesiologist who is constantly confronted with maintenance of anesthesia for operation with the patient in the face-down position.

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*The adapter with its disposable sponge rubber pad may be secured from the H. E. Osborn Company, 229 Lincoln Avenue, Haverstown, Pennsylvania.