METHOD FOR DETERMINING TRACHEOLARYNGEAL BREATH SOUNDS DURING ANESTHESIA

The tracheal and laryngeal breath sounds are of great value in the conduct of an anesthesia; if the stethoscope is placed on the neck, as a convenient method is at hand for making them continuously audible to the anesthetist.

We use an ordinary stethoscope connected to a bell-type chest piece. The chest piece is secured to the anterolateral aspect of the neck at or near the level of the cricoid cartilage with adhesive tape or with its attached strap. For obvious reasons the application of the chest piece is best made after the patient has lost consciousness; in spinal anesthesia the patient should be told the purpose of the device.

The method of having the stethoscope on the neck can be used alone in this manner or it can be connected with the bell on the arm for the blood pressure determinations. In this latter case the breath sounds can easily be distinguished from the sharp, short impacts made by compression of the brachial artery under the cuff.

We have found this method especially valuable in the following situations:

1. In tonsilleotomy and adenoidectomy in children. The conventional anesthesia here seems to be the insufflation of ether by air or oxygen by way of a "mouth-hook." The airway can be obstructed by laryngospasm, blood, mucus, inefficient tongue retraction, a gauze plug, unexpected vomitus, or perhaps a hitherto unnoticed wad of chewing gum. The slightest obstruction will be apparent at once in a change in the tracheal and laryngeal breath sounds, and we are convinced that it will be noted several seconds earlier by this method than by any other. The operations of tonsilleotomy and adenoidectomy are usually noisy, the suction tip being the worst offender. Sounds made by the suction tip are absent or very faint with the stethoscope on the neck.

2. During the administration of sodium pentothal generally, and especially in the fluoroscopic dark room. It is often diffic

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