catheter insertion, than three or four minutes after *iv* catheter insertion in all groups ($P < 0.000001$).

There was no difference in pain on injection between NS-BA and lidocaine. There was no difference in the pain of *iv* catheter insertion between NS-BA and lidocaine. *Iv* catheter insertion without local anesthesia was more painful than *iv* catheter insertion without any drug ($P < 0.000001$). There was no correlation between verbal pain rating and HR or BP. The pain of *iv* catheter insertion does not increase HR or BP.

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Laryngoscope breakage

To the Editor:

When a patient is paralyzed, mouth wide open and airway totally unprotected, this is a very bad time to shower the lungs with very small metal parts. This is exactly what we recently faced after a laryngoscope Blade (Penlon #3) flew apart delivering a 1/16 inch diameter ball bearing, 3/16 inch spring, and light bulb and steel shaft, into the patient's posterior pharynx. On examination, the blade had fractured along the weld line, allowing the metal handle carrying the batteries to smash into the patient's front teeth. Somewhere under the blood running into the mouth, lay teeth, a ball bearing, spring and blade.

Fortunately, an ENT surgeon was working next door. All the parts were accounted for, and a post-operative chest x-ray showed no foreign bodies. Similar breakages have been reported before¹⁻⁶ but either age or chemical sterilization, or improperly made blade were implicated. Our blades are sterilized only with steam and are not old. I now subject every blade to pressure before introducing it into a patient's

mouth and have had all the blades in our hospital checked by the technician.

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