ABSTRACT:

A postmortem study of the degree of displacement of the endotracheal tube was performed on 13 neonates of varying birthweights. There was significant movement of the tube on flexion and extension of the neck, and on opening the infant's mouth. My findings lend support to certain techniques of endotracheal tube placement, the ultimate aim being accurate positioning.

Other aspects of endotracheal intubation including its historical evolution, endobronchial anaesthesia, complications and physiological effects are here related from a review of the literature.