ridge member (**330**). Holes (**48**) will help maintain the position of endotracheal tube (**50**) in relation to bite block (**10**) as, for example, through the use of plastic ties (**51**) or the like.

FIGS. **12**A and **12**B illustrate bite block (**410**) with an endotracheal tube attachment means (**52**) integral therewith. Specifically, FIGS. **12**A and **12**B illustrate endotracheal tube attachment means (**52**) as being a C-shaped piece of resilient material integral with ridge member (**430**) and centrally located thereon so as to project downward from bottom surface (**434**) of ridge member (**430**) to accept an endotracheal tube and position the same with respect to bite block (**410**).

FIG. **13** illustrates an alternate embodiment of the bite block (**510**) wherein top and bottom surfaces (**516***a*) and (**522***a*) and (**516***b*) and (**522***b*) of wedges (**512***a*) and (**512***b*), respectively, are not tapered inwardly or outwardly. Inner side walls (**518***a*) and (**518***b*) are the same height as outer side walls (**520***a*) and (**520***b*). While the embodiment of FIG. **13** does not provide the non-slippage feature discussed in the embodiments of FIGS. **4** and **9**, the FIG. **13** embodiment is fully functional.

In addition, it may be understood that the wedges of the present invention may be shortened in length from front end to rear end so that the compression bearing portion is only over two sets of molars, rather than three. Of course, the bite block of the present invention may be dimensioned to various sizes having various lengths and widths so as to provide for the typical variety found in both children and adults.

Terms such as "left" "right" "up" "down" "bottom" "top" "front" "back" "in" "out" and the like are applicable to the embodiment shown and described in conjunction with the drawings. These terms are merely for the purposes of description and do not necessarily apply to the position or manner in which the invention may be constructed or used.

Although the invention has been described with reference to a specific embodiment, this description is not meant to be construed in a limiting sense. On the contrary, various modifications of the disclosed embodiments will become apparent to those skilled in the art upon reference to the description of the invention. It is therefore contemplated that the appended claims will cover such modifications, alternatives, and equivalents that fall within the true spirit and scope of the invention.

I claim:

1. A bite block for use with an endotracheally intubated patient, the bite block comprising:

a first wedge-shaped body for contacting only the patient's molars on one side of the patient's jaws and a second wedge-shaped body for contacting only the molars on the other side of the patient's jaws, said two bodies being substantially similar in shape, each body having a proximal end and a distal end, a generally planer top surface for contacting only upper molars and a generally planer bottom surface for contacting only lower molars, and generally planer walls defining an inner surface and an outer surface, said wedge-shaped bodies being thicker at said proximal end thereof than at said distal end thereof; and

a solid rib, said rib being generally U-shaped and having no air passage orifice therein, said U-shaped rib having a first leg and a second leg, said first leg connected to said first wedge-shaped body at said proximal end thereof and said second leg connected to said second wedge-shaped body at the proximal end thereof, the legs of said rib connected by a curved ridge such that said bite block is bilaterally symmetrical about an axis centrally located on said ridge, said curved ridge having walls defining an upper edge and a lower edge said rib having a rise sufficient to accommodate an endotracheal tube beneath said rib;

wherein said bite block is insertable into the mouth of the patient and dimensioned to be held in place by compressional contact of only the patient's molars on said first and said second wedge-shaped bodies such that said rib is not subject to compressional contact.

2. The bite block as described in claim **1** wherein a lower edge of said ridge of said rib extends, at least in part, above a plane of a lower surface of either of said wedge-shaped bodies and an upper edge of said ridge of said rib extends, at least in part, above a plane of an upper surface of either of said wedge-shaped bodies.

3. The bite block as described in claim **2** wherein said top surfaces of said wedge-shaped bodies and said bottom surface of said wedge-shaped bodies taper inward such that said bodies are thinner along said inner surface than said outer surfaces.

4. The device as described in claim **2** wherein said top surfaces of said bodies and said bottom surface of said bodies taper outward such that said bodies are wider along said inner surface than said outer surfaces.

5. The bite block as described in claim **2** further including means for aligning and positioning said bite block in the patient's mouth.

6. The bite block as described in claim **2** further comprising means for securing an endotracheal tube thereto.

7. The bite block as described in claim **6** wherein said securing means comprises walls defining a hole in said ridge of said rib and a tie means for engagement with an endotracheal tube and said hole.

8. The bite block as described in claim **6** further comprising C-shaped brackets comprised of resilient lips and dimensioned for receipt of an endotracheal tube in a snug compression fit manner.

9. The bite block as described in claim **1** wherein said bite block is insertable into the mouth of the patient after an endotracheal intubation of the patient.

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