

glottis to visualize the larynx. Side channels are provided to permit suctioning without interruption of endoscopy. Topical anesthesia facilitates this technique.

An oral airway fitted with a Rowbotham connector and a short length of corrugated tubing is ideal for administering inhalation anesthesia during nasotracheal endoscopy and intubation (fig. 3). The suction port facilitates removal of secretions without interruption of endoscopy or ventilation.

Binasal airways may be used for ventilation during oral endoscopic intubation (fig. 4). The grooved oral airway may be used simultaneously to facilitate endoscopy.

These mechanical aids are well tolerated by patients, minimize trauma, facilitate intubation, and allow more time during fiberoptic endoscopy without compromising ventilation.

Anesthesiology
57:70, 1982

Oxytocic Drugs Have Different Cardiovascular Effects

To the Editor:—In the paper of Datta *et al.*¹ about nausea and hypotension during spinal anesthesia for cesarean section, there is a phrase that may be misleading. They say that prophylactic ephedrine “may result in postpartum hypertension because of synergism with oxytocic (sic) drugs.”

Oxytocic (not oxytoxic) drugs are those drugs affecting uterine motility. Clinically the oxytocic drugs used are oxytocin and ergot alkaloids and these have opposite cardiovascular effects. All of the natural alkaloids of the ergot cause a significant increase in blood pressure as a result of direct peripheral vasoconstriction.² Sudden hypertension produced by ergot may be associated with coronary vasoconstriction, leading to myocardial ischemia, acute heart failure, and acute pulmonary edema.³

Oxytocin by contrast causes vasodilation of both alpha and beta-adrenoreceptive blood vessels. The vasodilating effect of oxytocin causes transient hypotension, the degree and duration of which are related to the dose of the drug and the rate of injection.³ The amounts of oxytocin administered for most obstetric purposes are insufficient to produce marked alterations of blood pressure. However, when very large doses are administered for therapeutic abortion or during uterine surgery, a marked fall in arterial pressure may occur.²

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(Accepted for publication February 2, 1982.)

Based upon the cardiovascular effects of these drugs, can we expect hypertension because of synergism between oxytocic drugs and ephedrine? I believe the correct statement is “this (prophylactic) use of ephedrine may result in postpartum hypertension because of synergism with *ergot alkaloids*.” This is true^{4,5} and not misleading.

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(Accepted for publication February 16, 1982.)