

negative history and positive prick-test, a use test was performed and positive in one case showing that, at least in this case, the prick test was not a false positive.¹ These results were obtained with the use of a colloidal suspension or prevulcanized rubber particles. Sensitivity may not be as good with prick tests through latex gloves, and the residual allergenicity of latex may even depend on different brands of gloves.² The high sensitivity of prick tests to latex is based on the nature of allergens, which are natural proteins, as is the case for inhalants or food allergens.

Using prick tests to latex, we have started prospectively testing children with spina bifida. In the first eight children tested without any history of allergy to latex, prick tests were positive in four and confirmed by positive RAST, ranging from 0.36 to 2.45 PRU/ml. In other words, the possibility of predicting latent sensitization to latex seems good with prick tests. We agree with Dr. Slater and Dr. Mostello that the risk of intraoperative anaphylaxis cannot be precisely defined even when latent sensitization has been detected. But approximating this risk may be important in light of similar studies examining the risk of anaphylaxis during chemonucleolysis with chymopapain: in patients with positive prick tests to chymopapain, five of six experienced anaphylaxis (*versus* 3 of 282 patients with negative tests).³

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REFERENCES

1. Beaudouin E, Pupil P, Jacson F, Laxenaire MC, Moneret-Vautrin DA: Allergie professionnelle au latex: Enquete prospective sur 907 sujets du milieu hospitalier. *Rev Fr Allergol* 30:157-161, 1990
2. Turjanmaa K, Laurila K, Makinen-Kiljunen S, Reunala T: Rubber contact urticaria: Allergenic properties of 19 brands of latex gloves. *Contact Dermatitis* 19:362-367, 1988
3. McCulloch JA, Canham W, Dolovich J: Skin testing for chymopapain allergy: A preliminary report. *Ann Allergy* 55:609-611, 1985

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Getting the Bugs Out

To the Editor:—The preoperative anesthesia visit has been shown to be as important as some premedication in allaying anxiety.^{1,2} However, it is not uncommon to overhear entomologic references such as, "Here's a little bee sting" (little?) or "Here comes a Texas mosquito bite" (Texas?) preceding local anesthetic infiltration. Such comments may reverse the rapport you have tried to establish. Why bring bugs into our work place?

Fear of insects is widespread. Who can forget the many horror movies starring giant bugs or swarming insects? Warnings abound of killer bees migrating to the United States. Approximately 1 in 100 persons is sensitized to *Hymenoptera* (bees, wasps, and hornets) venom,³ and the other 99 all know you can die from a bee sting. There are at least 40 deaths per year in the United States from *Hymenoptera* stings and serious nonfatal reactions in 1-10 persons per 100,000 per yr.^{4,5} In one study,⁶ 4,992 Boy Scouts were surveyed for previous stings; an incidence of systemic reactions of 0.4% was found.

Mosquitoes raise thoughts of uncleanness and malaria and equine encephalitis and have been investigated (though rejected) as a vector for HIV transmission.^{7,8} Besides, do mosquito bites sting and burn like local anesthesia can? That may confuse your patient and decrease trust.

Let us simply state, "I am going to numb this area with some local anesthesia now. It may hurt for a moment." For small areas, such as for intravenous placement, multiple-dose solutions such as saline may be used and do not cause pain on injection.

The anxiety associated with insect bites may be greater than the benefit of such analogies.

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REFERENCES

1. Egbert LD, Battit GE, Turndorf H, Beecher HK. The value of the preoperative visit by an anesthetist. *JAMA* 185:553-555, 1963
2. Leigh JM, Walker J, Janaganathan P. Effect of preoperative anesthetic visit on anxiety. *Br Med J* 2:987-998, 1977
3. Fath JJ, Cerra FB. The Therapy of Anaphylactic Shock. *Drug Intell Clin Pharm* 18:14-21, 1984
4. Reisman RE. Insect allergy, *Allergy Principles and Practice*. Volume 2. 3rd edition. Edited by Middleton E, Jr., Reed CE, Ellis EF, Adkinson NF, Jr., Yunginger JW. St Louis, The CV Mosby Co., 1988, p 1345
5. Barnard JH. Studies of 400 Hymenoptera sting deaths in the United States. *J Allergy Clin Immunol* 52:259-264, 1973
6. Settupane GA, Boyd GK. Prevalence of bee sting allergy in 4992 Boy Scouts. *Acta Allergol* 25:286-291, 1970
7. Webb PA, Happ CM, Maupin GO, Johnson BJB, Ou C, Monath TP. Potential for insect transmission of HIV: Experimental exposure of *Cimex hemipterus* and *Toxorhynchites amboinensis* to human immunodeficiency virus. *J Infect Dis* 160:970-977, 1989
8. Zuckerman AJ. AIDS and insects (letter). *Br Med J* 292:1094-1095, 1986

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