8 cm distal to this, the oesophagus appeared normal. A 5 mm in length situated 3 cm below the cricopharynx; radiography of the oesophagus revealed a pin-sized stenosis to the ENT department with severe dysphagia. Radiography of the oesophagus after having accidentally swallowed foreign bodies at the age of 18 and 32 months.

A preliminary meeting of a number of respiratory mass spectrometer users was held recently at the Clinical Research Centre. Because of the complexity and the range of potential medical applications of these instruments, it was agreed that a mass spectrometer users' group should be formed to provide a forum for discussion of technical problems and an exchange of ideas. We have prepared a preliminary list of mass spectrometer users in this area and would like to extend this list to include others interested in respiratory mass spectrometry who have experience of respiratory mass spectrometry who would be interested in participating in future meetings of this group.

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M. J. HALSEY
J. G. JONES
Clinical Research Centre, Harrow

Multiple Exposure to Halothane

Sir—I wish to report the history of a boy who received 46 general anaesthetics including halothane between the age of 18 and 32 months. At the age of 18 months, the boy suffered from a corroded oesophagus after having accidentally swallowed vinegar essence (25%). Four weeks later he was admitted to the ENT department with severe dysphagia. Radiography of the oesophagus revealed a pin-sized stenosis 5 mm in length situated 3 cm below the criocopharynx; 8 cm distal to this, the oesophagus appeared normal.

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These findings were confirmed on subsequent oesophagoscopy. The anaesthetic technique for this procedure comprised preoperative medication with atropine 0.3 mg i.m. and rectal thiopentone 25 mg/kg. In the operating room, anaesthesia was maintained with oxygen, nitrous oxide and halothane and orotracheal intubation was performed under deep halothane anaesthesia. The course of anaesthesia and postoperative recovery were uneventful.

From the findings, it was obvious that extensive treatment would be necessary before the stenosis could be cleared. Furthermore the boy's age and psychological condition would demand general anaesthesia and in order to permit oesophageal dilatation, intubation would be mandatory to avoid the risk of compression of the trachea.

After a few days treatment was commenced using the same anaesthetic technique as had been employed previously. Altogether, during almost 14 months of treatment and surveillance 46 anaesthetics were given in the same manner (table II). The time of each individual exposure to halothane varied from 12 to 46 min (mean time 24.4 min) and the cumulative exposure time was 18 hours 44 min.

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