CORRESPONDENCE

Meglucamine iocarmate (Dimer-X) does appear to have a lower incidence of serious complications than other water-soluble agents, following subarachnoid injection (Grainger et al., 1971; Gronsette, 1971; Occleshaw and Holyland, 1971; Ahlgren, 1972; Danziger and Bloch, 1973). All reports of complications follow the injection of volumes in excess of 4 ml and in many instances the volume was enlarged effectively by c.s.f. dilution.

We would amend our article (Boys and Norman, 1975) with the recommendations that, if it is desired to locate the tip of an extradural catheter following atypical clinical features:

1. Injection of contrast media should not be made in the case of obvious accidental spinals;
2. The injection should be made with the patient in a head-up position and the volume should not exceed 1 or 2 ml;
3. If the dye is seen to be in the subarachnoid space at any stage, the injection should stop and the patient should be kept in a head-up position for 8 h.

J. E. Boys
Bury St Edmunds

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VI WORLD CONGRESS

Sir,—May I refer to the second Editorial in your July issue (Editorial, 1976)? I must, of course, agree with many of your detailed criticisms of some parts of the scientific programme of the 6th World Congress in Mexico, but I find myself somewhat at variance with your general conclusions.

I, too, wrote an Editorial on the nature and function of international congresses in a recent issue of your journal, but I chose the title "Nation shall speak peace unto nation" (Boulton, 1976). I do not wish to repeat the arguments which I endeavoured to develop there in your columns, but I feel that your concept of "professional and scientific communication", as a primary purpose of a World Congress, should include political and social communication and the instruction of the less well-informed by those nations who are privileged to be anaesthetically developed, as well as the demonstration of pure scientific expertise. I do not think that, at a World Congress, participants from an anaesthetically advanced nation such as the United Kingdom can expect to learn of dramatic discoveries. We must be prepared to give of the knowledge which we possess to others less fortunate. If we want scientific erudition we should turn to small intellectual groups like the Anaesthetic Research Society—and, even then, you and I are in a position to know that the relevance of some such deliberations to practical anaesthesia in the operating theatre is not always immediately apparent.

I myself certainly found the "total experience" of the Mexican Congress satisfying and gained from rubbing symposia on subjects of general interest. Topics which appear banal to anaesthetists from advanced countries are often of great value to those in remote fields, who may be cut off from their fellow workers for long periods of time. But such general symposia must be well presented by a good chairman and by experts who are also good speakers.

World congresses are invariably too large, but they do provide an opportunity for people to meet and talk. For those who work in countries where foreign travel is difficult for political or financial reasons, such meetings may give them their only chance to go abroad, but this will usually depend on being accepted as speakers; hence the value of free paper sessions.

The W.F.S.A. is aware of present disquiet. At its Second General assembly in Mexico City in April 1976 the by-laws were amended to add a new purpose to the original eight:

"To arrange at regular intervals a World Congress of Anaesthesiologists and sponsor Regional congresses. To encourage meetings of special interest groups within the specialty and make provision for them to meet when appropriate at the above congresses." This obliges the Officers and the Executive Committee to concern themselves in the organization of future major congresses and their financial arrangements. An investigating working party has been appointed to establish guide-lines.

Finally, in choosing the sites of future congresses, the Executive Committee will require assurances from the host society that any anaesthetist from any country will be able to attend. Anaesthesia is above politics.

D. D. C. HOWAT
Chairman, Executive Committee,
World Federation of Societies of Anaesthesiologists

[Foreword to the June issue of the British Journal of Anaesthesia, page 44, lines 22, 57.]

[Ed.]
shoulders with colleagues of many nations. The only aspect which I found to be distasteful was the lack of planning which resulted in the accompanying Second World Assembly developing into a political circus—and a very lengthy circus at that. I do, however, share your admiration for the forthright condemnation of political prejudice by Professor Mayrhofer and I was thankful for the decision of the World Assembly to ignore the request of the World Health Organization to expel the Republic of China (Taiwan) from the World Federation of Societies of Anaesthesiologists.

T. B. BOULTON
Editor, "Anaesthesia"

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We are grateful for Dr Boulton’s comments and consider that his views and ours are virtually identical. It was not our intention to criticize the World Congress for failing to achieve a high degree of scientific erudition, but to suggest that communication of any type cannot be effective unless the simple rules which we have listed are observed. While there can be no doubt that opportunities for informal exchange are an important reason for attending such occasions, the primary (and stated) objective is the scientific programme. The “less fortunate” will be served best if our plea is heeded.

Editors
LINEARITY OF RESPONSE OF THE FLAME IONIZATION DETECTOR

Sir,—We note with interest a recent paper by MacDonald and MacKenzie (1976) reporting a non-linear peak height response of the flame ionization detector of the Pye Series gas chromatograph to halothane-in-gas standards within the 0.2–4.0% by volume range. This is in agreement with the findings of a number of respected colleagues in this country who have made similar assertions recently to us. However, it is contrary to our experience in the analysis of both halothane and trichloroethylene using a Pye Series 104 gas chromatograph equipped with a gas sampling valve in accordance with the general gas chromatographic method described by Cole, Salamonsen and Fish (1975).

We have recently conducted a number of studies on the linearity of the peak height response of the flame ionization detector to prepared standards of halothane in oxygen. While we have been able to reproduce the findings of MacDonald and MacKenzie (1976) in some of our studies, we have also found the polarity of the detector to be a key factor in determining the linearity of response. We will be reporting our findings in greater detail in a paper, which will be submitted for publication in the near future.

R. F. SALAMONSEN
W. J. COLE
Manchester

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Sir,—The last paragraph suggests that it may be possible to obtain a linear relationship by reversal of the detector polarity. In our experiments the polarity used was that advocated by the Pye handbook. From discussion with the manufacturers, we cannot see any reason why the linearity of the halothane analysis should be altered by reversing the polarity of the detectors. However, we look forward to the full publication on this phenomenon.

IAN MACDONALD
JOHN MACKENZIE
Glasgow

INTRAVENOUS REGIONAL ANALGESIA

Sir,—The recent article by Fitzgerald (1976) on intravenous regional anaesthesia in children described a useful technique for dealing with forearm or elbow injuries. The author concluded that this “obviated the inevitable delays associated with the administration of general anaesthesia in the presence of a full stomach”. I cannot agree that the method described entirely overcomes the problem, as one may find oneself having to deal with a block that is wearing off before the end of surgery. Worse—a tourniquet may be deflated accidentally with sudden loss of analgesia or a toxic reaction to the local anaesthetic—and the child may still have a full stomach.

If a delay cannot be accepted, I feel that it is often safer to induce general anaesthesia from the start, employing one of the well-described methods for dealing with such situations, and without the possibility of having to do the same thing superimposed upon one of the problems outlined above. I believe this argument is valid for other types of regional anaesthesia in similar circumstances. Although the operator may consider that a block is the better alternative, he should do so being fully aware of the problems which may occur.

DAVID L. TRICKEY
Albany, New York

REFERENCE