


HUMIDIFICATION IN ANAESTHESIA

Sir,—I have read with interest the editorial written by Dr Bernard Hayes (1979). While British insularity may have protected the country in the past it should no longer involve medicine which is now a well publicized science at the international level. It is high time that British authors document themselves by extensively reading foreign journals. In the last decade there have been well over 250 publications on the humidification of anaesthetic and intensive care equipment. This includes publications in English from America, Australia, Canada and Britain, and French and Hebrew articles. I am omitting the German and Italian literature, which I have only superficially consulted, but I have seen several excellent translations of outstanding Japanese work. While I have been impressed by the style and the way Dr Hayes presented his material, I have found it too one-sided and it ignores the information available in the foreign literature. In addition, the last line of his editorial has long been answered on many occasions. My advice to British anaesthetists is to read foreign publications in addition to their own. Wake up Britain!!

The time is ripe for you to regain the high position you held in the days of Addison, Hodgkins and Hullings Jackson. Insularity is a thing of the past and is synonymous today with provincialism. Let's get rid of it and read the discoveries made both outside and inside the British Isles.

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REFERENCE


“EXPLOSION” DURING SPINAL ANAESTHESIA

Sir,—Sudden, unanticipated events in the operating theatre can be quite unnerving. Recently, administration of a seemingly routine spinal anaesthetic was brought to an abrupt halt at the moment of dural puncture by a violent report which echoed through the operating room. Rapid investigation found the patient unaffected and unharmed, nor was anyone else in the room injured. The source of the noise, which seemed to come from the front of the laterally recumbent patient, proved to be the now-ruptured bladder of the arterial pressure cuff. The bladder was replaced, the spinal anaesthetic administered, and the remainder of the case proceeded uneventfully.

The anaesthesia machine in the room was equipped with an automatic arterial pressure cuff inflator, and an observer had inadvertently leaned against the “inflate” button with the bleed valve closed. Attempts were made later to duplicate this event, and were unsuccessful until the bladder was made to protrude 1 cm from the cuff. Figure 1 illustrates the situation just before rupture of the bladder.

**FIG. 1.** The bladder just before rupture.

Thus, a rather startling “explosion” in the course of a spinal anaesthesia was of relatively little consequence once its cause was understood. It is hoped this report will lead to prevention or quicker appreciation of similar events in operating suites elsewhere and thereby attenuate what in our case was a quite marked increase in anxiety.

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