REFERENCES


Sir,—Even though some small changes in heart rate were shown to be statistically significant, no clinical significance was attached to such changes. The study was primarily done to assess the overall need of anticholinergic premedication in patients undergoing minor surgery and as such drugs were not administered on a weight basis.

However, Dr Gilmour's comment has aroused our interest in this subject and we plan to present the results in a separate communication.

R. K. MIRAKHUR
J. W. DUNDEE
Belfast

ADVERSE REACTIONS TO ANAESTHETIC AGENTS

Sir,—There has been much recent interest in the mechanisms which underlie adverse reactions to i.v. anaesthetic drugs. Watkins and colleagues (1976) have shown convincingly that complement activation via the alternate pathway is a frequent mechanism underlying the adverse reaction to Althesin. It is less certain, however, which other drugs can activate the alternate complement pathway.

We would like to report a severe reaction in a healthy 26-yr-old man undergoing cautery of nasal mucosa and catheterization of the right eustachian tube. There was no history of allergy other than nasal stuffiness which was aggravated by exposure to grass cuttings. More than 20 years ago he had been anaesthetized for the treatment of an upper limb fracture; details of the drugs used are not available, and he had not received anaesthesia on any other occasion.

The patient had an immediate histamine-mediated reaction causing profound and prolonged hypotension after gallamine 20 mg, thiopentone 450 mg and suxamethonium 125 mg i.v. Loss of circulating blood volume responded to the infusion of plasma and the vigorous application of conventional resuscitation measures. Serial blood samples showed massive conversion of complement C3 via the alternate pathway. Three hours after the start of the reaction 60% of the C3 complement had undergone conversion, which is greater than has ever been recorded after an Althesin reaction.

We conclude that gallamine, thiopentone and suxamethonium in combination, and perhaps individually, may trigger the alternate complement pathway in a susceptible individual, with life-threatening consequences.

DAVID T. BROWN
DAVID BEAMISH
Edinburgh

REFERENCE


AMETHOCAIN

Sir,—Dr Crawford mentioned the use of hyperbaric solutions of cinchocaine, lignocaine and prilocaine (Crawford, 1979). Many anaesthetists who have used amethocaine for spinal anaesthesia consider it to be superior to these drugs and would greatly value its availability in this country.

Why are drug companies reluctant to market a suitable preparation of amethocaine in Britain? Approaches to drug marketing concerns reap no harvest, and little explanation is given for this negative response. Could it be that the quantity used would be inadequate to justify the expensive and time-consuming process of reintroducing the drug? It seems so unsatisfactory that we should import disposable spinal anaesthesia sets from the U.S.A. with empty slots from which amethocaine ampoules have been removed! Amethocaine survives well the process of sterilization by autoclaving (Bridenbaugh and Moore, 1964). Ampoules containing the dry salt are particularly stable, and are readily mixed with dextrose solution to produce hyperbaric or hypobaric solutions suitable for subarachnoid administration.

R. W. JOHNSON
Bristol

REFERENCES


INADVERTENT ADMINISTRATION OF 100% OXYGEN DURING ANAESTHESIA

Sir,—We read the correspondence on this subject with interest (Paymaster, 1978; Dodd, 1979) as we have also encountered similar difficulties with the Cape Waine Mk III anaesthetic machine.

On our machines the “emergency” oxygen switch is a push switch, spring-loaded, requiring a half turn to lock it into position. We have overcome the problem by requesting Cape Engineering Ltd to remove the mechanical stop. This ensures that the oxygen bypass cannot be left on inadvertently and thus solves the problem.

D. G. LARARD
D. G. TWEEDIE
Warwick

REFERENCES
