Desaturation during cemented total knee replacement has been reported [2]. It has been suggested that pulmonary changes were more common with use of the long-stemmed total knee prostheses than with the short-stemmed, because of the relatively large intramedullary cavities and the larger amount of cement required. It is possible that emboli (fat, cement, air or marrow) are forced into the systemic circulation through the intramedullary vessels as the cement sets—a process that results in increased intramedullary pressures [3]. This may explain the occurrence of systemic emboli despite the use of tourniquets.

As it has been shown that use of an \( F_{\text{IO}} \) of 0.5 significantly reduces the incidence of desaturation in total hip replacement, the same recommendation should apply to total knee replacement.

B. Al-Shaikh
London

REFERENCES

ATRACURIUM AND SUXAMETHONIUM

Sir,—We read with great interest the paper by Donati and colleagues [1] in which the pharmacokinetic and pharmacodynamic components of the change in dose response to atracurium after previous exposure to suxamethonium were elegantly elucidated. The paper adds strong evidence of a significantly increased sensitivity of the neuromuscular junction to non-depolarizing neuromuscular blocking agents after previous exposure to suxamethonium.

We would like to point out a small error (obviously a slip of the pen), which initially caused us some confusion. In the first paragraph of the introduction the sentence “A shift to the right of the dose–response curve to vecuronium [3] has been described with previous exposure to suxamethonium” should read “A shift to the left...”.

N. J FauveL
S. A. Feldman
London

REFERENCE

Sir,—Thank you for the opportunity to respond to Drs Fauvel and Feldman, who should be congratulated for their careful reading of our report. They are, of course, correct in suggesting that we should have said “A shift to the left...” We hope they will accept our apologies for this unfortunate “slip of the pen...”.

F. Donati
Montreal