CORRESPONDENCE

RADIOIMMUNOASSAY TESTS IN ANAPHYLAXIS

Sir,—Radioimmunoassay tests (RIA) for neuromuscular blocking drugs and their metabolites have been used by several laboratories to investigate anaphylactoid reactions during anaesthesia [1-3].

The development by Pharmacia of a simple version of these tests, in which the antigen is coupled to paper, is a welcome addition to these studies, allowing the investigation of patients in other than specialized laboratories, and a study published recently has clearly demonstrated the efficacy of these tests [4].

In studies in our laboratories comparing the commercial radioallergosorbent test with published methods, we were able to detect only one positive RIA in 31 patients who had undergone a life-threatening reaction during anaesthesia and had positive skin tests and RIA tests (using published methods) to a drug administered at the time of the reaction. These results were probably batch-related. My concern over these findings was increased by our recent involvement in two medicolegal cases in the United Kingdom in which the question of whether anaphylaxis had occurred or not was a critical issue. In both cases we found strong positive RIA to a drug used at the time of the adverse event which also was prick-test positive, while results from another laboratory using the commercial RIA were equivocal in one case and negative in the other.

In the interests of safe subsequent anaesthesia in reacting patients, and particularly where RIA tests are used as evidence in medico-legal cases, results from a known RIA-positive patient should be used as a control to separate true negatives from false negatives when the paper RIA is used.

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REFERENCES

WEARING OF FACE MASKS FOR SPINAL ANAESTHESIA

Sir,—Dr Wildsmith states that, in his opinion, masks should always be worn when spinal or extradural anaesthesia is performed [1]. Such a statement has serious implications for those anaesthetists (in my experience, most) who do not routinely wear masks.

There have been many studies of the efficacy of masks in preventing bacterial contamination and infection. These have shown that masks are of little use in ward work (including changing percutaneous matter from the anterior nares to the sterile field. I accept that an unfortunately large proportion of anaesthetists do not wear a face mask when performing spinal anaesthesia, but they do wear a face mask during the surgical procedure, even though they are a significant distance away from the wound. Where is the logic in that?

As a final point, I would dispute absolutely that “published data support the widespread practice of not wearing masks” because there are no such data.

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REFERENCES

POTASSIUM IN THE PERIOPERATIVE PERIOD

Sir,—The article by Vaughan in the Postgraduate Education issue [1] prompts me to write on a topic which has exercised my mind for some time. Vaughan stated: “The recommended maximum rates of infusion of potassium are 10-20 mmol h⁻¹, with a maximum of 500 mmol 24 h⁻¹. " The statement is not referenced and the author can justifiably claim that this is a “standard” and well accepted piece of advice which follows similar recommendations by other reviewers. My problem is that it does not coincide with my understanding of basic physiology and biochemistry, and I have been searching for the evidence on which this standard opinion is based.

In a review on the same topic by Lunn and Vaughan [2], the similar recommendation (15-20 mmol h⁻¹ and a maximum of 400-500 mmol daily) was attributable to a 1969 paper [3] which was