by contractions most adequately and simply explains this particular phenomenon. There was no sustained elevation of her diastolic or systolic pressure; if there was, it certainly was neither documented nor treated. Far more importantly, for the first six days post delivery the woman was normotensive and the first documented elevated blood pressure occurred immediately prior to her seizure. However, we do indeed accept that the serum urate concentration was slightly elevated.

It would seem that our colleagues have not fully grasped the thrust of our article: sub-clinical pre-eclampsia exists, but is hard to identify. Whether the ‘fit’ in this third case represents a reaction to treatment, a failure of treatment, or a simple example of eclampsia is irrelevant. The whole point of the argument is that it indeed could have been eclampsia, but this patient still received a vasoconstrictor. If a patient is thought to be pre-eclamptic, then the correct action is to treat this potentially life-threatening condition. It would, as we recommended, also be wise to avoid unproven therapies for PDPH.

C. Oliver
S. White
London, UK

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Modi®cation of tracheal tubes

Editor—Disposable tracheal tubes are commonly used in anaesthesia. Cuffed nasal/oral tubes of various sizes are made of PVC or silicon material. The cuffed tubes made by different manufacturers such as Portex or Mallinckrodt have an almost invisible tiny hole at the proximal end. Distally this hole ends blindly at the upper one third of the tube. These cuffed tubes can be easily reshaped by inserting a small wire (1±1.2 mm) in this hole (Fig. 1). The wire keeps the lumen of the tube patent even at 90°±120° bend and does not interfere with the connection or airflow. Insertion of the wire does not cause any damage to the tube, and injury to the trachea or larynx is unlikely.

These tubes can be moulded in any direction according to the patient’s need (Fig. 2). They are easily reshaped like preformed RAE (Ring, Aldair, & Elwyn) tubes, and can be turned to either the left or right side without kinking. These remoulded tubes cannot be differentiated from original RAE tubes. The bend can be located at any desired level over the chin or forehead, and will not interfere with surgical access.

We have used these remoulded tubes successfully in 20 patients and no difference was found between the efficacy of the original RAE tubes and these tubes. The remoulded tubes are also cost-effective [one RAE tube adult size No. 8 costs approximately Rs 650/-(£7) whereas a simple cuffed tube is Rs 90/- only (£1)]. We strongly recommend anaesthetists in third world countries to use the cheaper remoulded tracheal tubes where desired.

We have recommended to the manufacturers that they provide a wire of 1±1.2 mm with these tracheal tubes (in the packing). Their response is awaited. The anaesthetist could then mould the tubes as required.

M. Salim
Rawalpindi, Pakistan


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