CORRESPONDENCE

ANAESTHETISTS JOINT WORKING PARTY
ON HOSPITAL BUILDING

Sir,—I would be grateful if I could add to my letter in your July 1978 issue.

Copies of the Design Guide Anaesthetic Service Accommodation in District General Hospitals (DHSS J/H48/83 of October 27, 1971) containing the revisions proposed by the Working Party may be obtained from me at the address at the foot of this letter. Anaesthetists are urged to bring this document to the attention of their employing and planning authorities.

The Working Party is currently concerning itself with the design and function of Day Stay Units for both surgery and investigation and I would be glad to receive the benefit of accounts of the experience of your readers and proposals for future developments in this field.

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Chairman,
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Royal Berkshire Hospital,
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REFERENCE


SODIUM NITROPRUSSIDE AND LIBERATION OF CYANIDE

Sir,—The recent report by Nakamura and others (1977) implies that we (Smith and Kruszyna, 1974, 1976) suggested that the mechanism of liberation of cyanide from nitroprusside in vivo involves a reaction with sulphydryl groups on haemoglobin. We suggested quite the opposite. It is our belief that reaction with sulphydryl groups is a quantitatively unimportant mechanism for the release of cyanide in vivo and that the primary mechanism involves a reaction between nitroprusside and the ferrous haem groups of haemoglobin. That view has been challenged by some interesting findings (Vesey, Cole and Simpson, 1977), but we do not believe that it has been disproven conclusively.

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REFERENCES


REACTION TO ALTHESIN

Sir,—Because of the frequency with which histamine-mediated reactions occur to Althesin (possibly as often as once in every 2000 administrations (Evans and Keogh, 1977) and involving profound cardiovascular collapse in many instances (Clarke et al., 1975), it is my practice to give a test-dose of Althesin 0.25–0.5 ml i.v., about 3 min before inducing anaesthesia with this drug.

Recently a 51-year-old woman with a long history of mild bronchial asthma, treated with "Franol", presented for ligation of varicose veins under general anaesthesia. Pre-medication was with oral diazepam. The patient had not received Althesin previously. Following the administration of a test-dose of Althesin, marked erythema of the head and neck developed. The patient, who remained conscious, became distressed with a choking sensation and developed a paroxysm of coughing. The arterial pressure remained normal. The erythema persisted for about 30 min into an otherwise uneventful anaesthetic using thiopentone, nitrous oxide, oxygen, halothane and fentanyl.

On the evidence of the patient’s response to the test-dose an induction dose of Althesin would certainly have caused a major histamine release reaction. A similar response to 0.5 ml given to flush an i.v. cannula occurred in four of the 10 cases of histaminic reactions to Althesin reported by Evans and Keogh (1977). In another three of the patients, cardiac arrest occurred following an induction dose of Althesin. When Althesin is to be used for anaesthesia, there is a strong argument for the routine use of a test-dose, so that the more serious histamine-mediated reactions to the drug may be avoided.

S. M. HART
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REFERENCES


AYRE’S T-PIECE AND POLLUTION

Sir,—We would like to compliment Dr Welsh (Welsh, 1978) on yet another successful antipollution device. However, we feel it is pertinent to comment that this modification simply converts the Ayre’s T-piece into a Mapleson “D” system, and the considerable and well-known advantages of the T-piece system are therefore lost.

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REFERENCE