intragastric and/or central venous pressure could successfully predict safe primary closure. We have recently completed this study which showed (in 11 patients) that it could.

Although we suspected from the study of Wesley et al. that intragastric pressure measurement could serve as a guide in determining whether to close an infant's defect primarily, there were also data to suggest that this might not work. Several laboratory studies have shown that increasing intra-abdominal pressure above 20 mmHg may seriously compromise cardiac output and organ blood flow. In these same studies, however, there was no correlation between intra-abdominal and intragastric pressure. Furthermore, Wesley made his measurements through a gastrostomy tube connected to a water manometer. He used 20 cm of water as his therapeutic cutoff, which is less than our finding of 20 mmHg measured through a fluid-filled nasogastric tube.

We agree with Drs. Sacks and Gongaware that human research demands that an individual patient's welfare not be jeopardized for "study purposes." In our study, the decision to close an infant's abdominal wall defect was a clinical decision made by our surgeons. It once became clear from our data that intraoperative measurements could help separate those children who successfully underwent primary closure from those who failed, we immediately stopped our study and set up a treatment algorithm to test our hypothesis.

MYRON YASTER, M.D.
Assistant Professor
Anesthesiology and Critical Care Medicine
Johns Hopkins University
600 North Wolfe Street
Baltimore, Maryland 21205

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Standards for Oxygen Analyzers

To the Editor:—At a meeting of ASTM Committee F-29.05.08 held March 22, 1989, on the harmonization of the international standard on oxygen analyzers for breathing mixtures and the relevant United States standard, it was unanimously decided to recommend withdrawal of the United States standard forthwith. This United States standard was written by F-29's predecessor committee, American National Standards Institute (ANSI) Z79.9.

The international standard should be followed until a new United States standard that is in concordance with the new edition of IEC 601-4 and ISO 7767 is published by ASTM, probably in 1990. Any queries about this supercedence should be addressed to Ms. Beth K. Moran, Staff Manager, ASTM Committee F-29 on Anesthetic and Respiratory Equipment, 1916 Race Street, Philadelphia, PA 19103-1187.

JOHN HEDLEY-WHYTE, M.D.
Chairman, Committee F-29 on Anesthetic and Respiratory Equipment,
and of the U. S. Technical Advisory Group to International Organization for

Standization Technical Committee 121
on Anesthetic and Respiratory Equipment,
Veterans Administration Medical Center,
1400 V.F.W. Parkway,
Boston, Massachusetts 02132-4927

REFERENCES


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