Prevention of Hypoxic Gas Mixtures

To the Editor:—The “malfunction” detected and reported by Abraham and Basaguitia is of particular interest because it involves failure of a device which is absent on many anesthesia machines and, in ideal practice, would not be necessary. Many users of the Ohio Modulus® have discovered that the chain coupling of its oxygen and nitrous oxide needle valves can be used to initiate 25% oxygen in nitrous flow by turning the blue knob, without touching the green. This step-saving habit courts catastrophe if attempted on any machine without a functioning chain.

One should never increase the flow of nitrous oxide without first confirming adequate gas flow through the oxygen rotameter; conversely, oxygen flow should never be reduced below a safe ratio with the existing nitrous oxide flow. This approach (when raising flows, oxygen first; when decreasing them, nitrous oxide first) more reliably protects against a hypoxic gas mixture than does any device. Device failure often becomes “potentially lethal” only when safe practice is violated.

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REFERENCE
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A Laboratory Test to Detect Antibodies to Protamine

To the Editor:—We are developing a laboratory test to detect antibodies to protamine in patient’s blood. This test will be used to document that the patient has had a protamine reaction or to predict whether the patient may safely receive protamine in those previously sensitized to this molecule.

To both develop and validate this test, I will need serum from patients who have had such reactions. If you know of a patient who has had severe anaphylactoid reaction and in whom it appears that the agent responsible was protamine, I ask you to contact me.

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Apnea and Syncope Following Intravenous Guanethidine Bier Block in the Same Patient on Two Different Occasions

To the Editor:—Intravenous guanethidine for the treatment of reflex sympathetic dystrophy (RSD) was first introduced by Hannington-Kiff, based on the concept that outgrowing sprouts from damaged axons are