act differently. All these findings seem to indicate that our original hypothesis that N₂O interacts at the mu opioid receptor is in fact correct.

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References


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Oxygen- and Suction-equipped Laryngoscope Blade

To the Editor,—The use of oxygen supplementation laryngoscope blades need not be limited to pediatric patients. Adult sizes, so equipped, are also available from Anesthesia Medical Specialties.*

With the channel extended closer to the tip of the laryngoscope blade, we have discovered another remarkably useful adaptation. By connecting a vacuum source to the channel, instead of oxygen, suction can be provided precisely where it can best aid visibility. The right hand thereby is freed for manipulation and intubation. (A small hole cut in the plastic tube as suction is connected to the channel provides good thumb control of the suction.)

Thus equipped, it has been much easier to intubate bleeding postoperative tonsillectomy patients, patients with copious secretions, or retching patients.

Both quickness and accuracy are enhanced.

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Ventricular Fibrillation during Thermodilution Cardiac Output Determination

To the Editor,—Transient cardiac dysrhythmias are often associated with the introduction of pulmonary artery catheters. The literature also mentions ventricular fibrillation upon insertion of the catheter, and bradycardia and atrial fibrillation upon injection of ice-cold fluid for thermodilution cardiac output determination. We recently observed an incidence of ventricular fibrillation upon injection of room temperature saline solution through a pulmonary artery catheter for cardiac output determination.

A 52-year-old, 85-kg man was scheduled for coronary artery bypass grafting. He had a history of coronary artery disease that first became manifest with an inferior wall myocardial infarction in 1980. He had a negative history for congestive heart failure or dysrhythmias. Cardiac catheterization revealed that the left anterior