patients, before and after the administration of succinylcholine. The patients were 4 to 80 years of age. All patients were premedicated with atropine, 0.01 mg/kg, and meperidine, 1 mg/kg, one hour preoperatively. Anesthesia was induced with thiopental 5 mg/kg, and maintained with nitrous oxide-oxygen, 3:2 l/min. Using a Schiøtz tonometer, measurements of IOP were made before induction of anesthesia; 2 min after administration of gallamine; and 30, 60, 90 and 120 sec after administration of succinylcholine. The last measurement of IOP was made immediately following tracheal intubation. Our findings show that gallamine, 0.4 mg/kg, may increase IOP (in about 46% of the cases) 2 min after its administration; second, that pretreatment with gallamine does not prevent the increase in IOP induced by succinylcholine (fig. 1).

M. M. GiaIa, M.D.
N. G. Balamoutsos, M.D.

E. A. Tsakona, M.D.
S. Vasiliadou, M.D.
S. G. Macris, M.D.
Department of Anaesthesia
Aristotelian University Medical School
Thessaloniki, Greece

References


(Accepted for publication July 26, 1979.)

Imperforate Blood Warmer Coils

To the Editor:—We recently discovered two defective blood warmer coils, which confused operating room personnel and delayed needed blood transfusion. The warmer coils were made by Dupaco. A unit of whole blood, microaggregate blood filter, transfusion administration set, and warmer coil were connected in series for administration of blood to a patient undergoing Harrington-rood instrumentation. Under the maximal pressure generated by a blood pump, blood could be forced only halfway through the coil. Questions were then raised as to which component in the line was at fault. A new system of blood, filter, transfusion set and warmer coil was immediately assembled and transfusion was carried out. As we inspected the first system closely, we discovered that the lumen of this coil was totally occluded by an invisible thin plastic membrane between the coil and its distal male adaptor (fig. 1). As a result of this experience, we easily recognized the second imperforate coil, which had a similar diaphragm but at a more proximal location. It is probable that the occlusions occurred during manufacture of the coils and somehow escaped final inspection.

Anchi Wu, M.D.
William Oshima, B.S.
Sheila Dhandha, M.D.
Department of Anesthesia
Children’s Hospital of Michigan
Detroit, Michigan 48201

(Accepted for publication July 26, 1979.)