CORRESPONDENCE

Triple Gloves

To the Editor—Dr. Jacoby’s concern regarding contamination of anesthesia equipment by personnel wearing soiled gloves is appropriate, as is his comment that soiled gloves should be removed promptly.1 During the course of an anesthetic, there are two events during which heavy glove-soiling occurs—induction of general anesthesia with subsequent airway management, and emergence from general anesthesia and tracheal extubation. I have found that prior to these two events, by donning two or three pairs of thin latex gloves at one time, I can prevent contamination of my anesthesia equipment. When my gloves become soiled, they are quickly removed, exposing fresh clean gloves underneath. I do not have to stop what I am doing to put on clean gloves, and I am not distracted from the care of my patient. I recommend this method as a way to prevent contamination of anesthesia equipment with soiled gloves while maintaining a protective barrier between anesthesiologist and patient and without the distraction of stopping to don clean gloves.

CORDELL L. BRAGG, M.D.
Department of Anesthesiology
John D. Archbold Memorial Hospital
Gordon Avenue at Mimosa Drive
Thomasville, Georgia 31792

REFERENCE
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More on Pharmacokinetics with a Pocket Calculator

To the Editor—Pierre Maitre and I recently described an algorithm for using a pocket calculator to predict anesthetic drug concentrations.1 Our original program for the Hewlett-Packard (HP) 41CX was not of sufficient quality to make generally available. I have since implemented these algorithms in a user-friendly program for the HP 48SX calculator. Interested readers may contact me for the program listing. Alternatively, readers may send their HP 48SX calculator to me, and I will, at no cost, download the program into their calculator and return it with instructions.

STEVEN L. SHAFER, M.D.
Assistant Professor of Anesthesia
Stanford University School of Medicine

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Prolongation of Cocaine Effect

To the Editor—it appears that some of the information contained in the recent article by Fleming et al.1 has filtered to the street, as indicated by the following case referred to the New York City Poison Control Center.

A 25-yr-old woman (gravida 8, para 4) at 36 weeks gestation ingested 20 ml 70% chlorpyrifos solution (an organophosphate insecticide) while smoking crack (crystalline cocaine) in an effort to prolong the effect. Approximately 1 h later she complained of nausea and weakness. Vital signs were stable with the exception of a pulse rate of 115 beats per min. Shortly, she vomited, developed fasiculations, and had a generalized tonic-clonic seizure. Continuous fetal monitoring showed no fetal distress. After tracheal intubation she received atropine 4 mg, diazepam 10 mg, phenobarbital 900 mg, and 2-pralidoxime 2 g followed by 1 g every 8 h for 24 h as per our recommendation. There was a great deal of concern regarding her anesthetic management should an operative delivery be required. Fortunately, during our deliberations and within a few hours of admission, vaginal delivery of a healthy baby occurred. There was no evidence of neuromuscular deficiency in the baby. The mother recovered uneventfully. Plasma cholinesterase concentrations are listed in the table.

The use of cocaine and organophosphates simultaneously may result in a confusing toxicologic picture: the signs of sympathetic nervous system excess following cocaine and the symptomatology of acetylcholine excess can counterbalance one another, and both can give significant central nervous system symptomatology. The intent of ingesting the chlorpyrifos was to prolong the effect of the crack she smoked. It