CARDIAC LIFE SUPPORT COURSES

SIR,

Applause to the Canadian Anaesthetists' Society's endorsement of continuing education in both basic and advanced cardiopulmonary resuscitation (CPR). Recognition of continued need to remain current in the didactic and performance areas of CPR, a clinical discipline constantly under revision,[1-3] is necessary by all involved with its delivery. There is reason to believe that a need exists in this regard among anaesthetists.[4,5] What distresses us most, however, is a lack of this appreciation by fellow anaesthetists.[6,7] We suggest that they are employing the reasoning of "royalty" when they respond in a negative fashion to CPR training. Was not the Emperor bare when he pretended to wear his new clothes, parading for all his subjects to see?[8] Will not the same critics of CPR training appear as the Emperor when asked to perform according to current accepted standards?

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REACTIONS TO ALFATHESIN

SIR,

As happens so frequently, only prolonged use of an anaesthetic will reveal all undesirable or even dangerous effects which can arise from its use. We have used Alfathesin almost exclusively for induction of anaesthesia for the last eight months in 677 patients, and have encountered the following unusual reactions in three instances, to join the known reactions of involuntary movements, cough, apnoea, respiratory depression, tachycardia, bronchospasm and anaphylactoid reactions. Alfathesin was administered in the minimum dose of 0.05 ml/kg diluted with equal parts of distilled water.

Case 1 (H.B.): This 35-year-old lady underwent dilatation and curettage with cone biopsy of cervix after premedication with meperidine 50 mg and atropine 0.4 mg. Induction was with diluted Alfathesin 6 ml, supplemented for maintenance with 2 ml twice at intervals of five minutes. Following the procedure the patient did not awaken for 90 minutes. Naloxone 0.4 mg given one hour after completion of the procedure resulted in temporary response to verbal command, after which she went back to sleep. A second dose of naloxone half-an-hour later resulted in sudden and complete return of consciousness. Vital signs remained stable throughout the episode.

Case 2 (T.D.): After similar premedication, this 23-year-old patient was anaesthetized for therapeutic abortion. Anaesthesia was induced with 5 ml diluted Alfathesin, followed by two increments of 2 ml each for maintenance. The procedure lasted less than 30 minutes and she responded to verbal commands immediately upon admission to the Recovery Room. Ten minutes later she suddenly developed generalized rigidity followed by opisthotonus and apnoea with rapid development of cyanosis. Diazepam 5 mg intravenously relieved the rigidity, and manual ventilation became possible. The same picture recurred again 10 minutes later and once more after another half-hour, responding well each time to the injection of intravenous diazepam.

Case 3 (C.J.): This 56-year-old lady underwent segmental mastectomy for benign breast tumour. Premedication was the same and anaesthesia was induced with 5 ml of diluted Alfathesin. This resulted in involuntary movements of the left arm and leg. Maintenance of anaesthesia then continued with nitrous oxide and oxygen (5:3) and