PHARMACOKINETICS OF HALOTHANE AND ETHER


CORRESPONDENCE

NEONATAL DEFORMITIES ASSOCIATED WITH THE USE OF A PHENOXYACETAMIDE DERIVATIVE

Sir,—Being involved in the initial clinical trials of the phenoxyacetamide derivative, FBA.1420, we are interested in Dr. Lear's report of neonatal deformities following its administration to pregnant bitches. We wonder if he has any data on the effects of comparable doses of thiopentone, administered under similar circumstances. It is also desirable to be reassured that the dosage employed was not grossly above the clinical range.

It is not beyond the realms of possibility that anaesthetics may be potentially teratogenic, but before limiting our clinical use of this promising new drug because of this report, it is important to know whether this would not have happened with any anaesthetic.

JOHN W. DUNDEE
R. S. J. CLARKE
Belfast

CEREBRAL BLOOD FLOW DURING HYPOThERMIA

Sir,—In the study on the effect of hypothermia on the cerebral blood flow (Brit. J. Anaesth., 1963, 35, 765) no attempt was made to investigate the factors causing the decrease in flow. The work was undertaken as an attempt to compare the two methods of induction of hypothermia. The many variables influencing the cerebral blood flow were thought to be comparable during the hypothermia periods with the exception of muscle relaxant which was given to the surface cooling group.

It is hardly necessary to do further experiments to confirm the decrease in cerebral blood flow during hypothermia. The purpose of this study was to show that the decrease found following surface cooling is comparable to that following blood stream cooling. Thus in future experiments we shall be able to use the latter method which allows a better control of the body temperature of the experimental animal. These experiments will be undertaken in order to study the regulatory mechanisms of the cerebral blood flow under hypothermia. It is generally recognized that at normal temperature the Pco₂ is the most important variable influencing the cerebral blood flow. We believe, however, that Dr. Nunn's assumption (Brit. J. Anaesth., 36, 121), that this is also true during hypothermia, still remains to be proved.

WALTER ZINGG
Winnipeg

CORRECTION

Sir,—I would like to draw your attention to a mistake in the article “Pulmonary Gas Exchange during Deliberate Hypotension” (Brit. J. Anaesth., 35, 750), which occurs on line 29, righthand column, page 756.

The sentence states: “In all three instances, increased airway pressure resulted in a widening of the A-aPco₂ difference and in two of the A-aPco₂ difference as well.” The sentence should read: “In all three instances, increased airway pressure resulted in a widening of the A-aPco₂ difference and in two of the A-aPco₂ difference as well.”

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