SIR,—The article by Deacock and Birley (Brit. J. Anaesth. [1969], 41, 150), "The anti-haemorrhagic activity of ethamsylate (Dicynene); an experimental study", deserves more detailed consideration. It demonstrates that (table I, column B) out of nineteen subjects only five showed dramatic benefit (placebo/ethamsylate blood loss ratio exceeding three times). This overall proportion is in accord with the following hitherto unpublished findings.

When assessing ethamsylate in a pilot scheme in patients undergoing prostatectomy some years ago, I found that there were too many variables for proper assessment. Because of this an attempt was made to evaluate the effects of ethamsylate under strictly controlled hypotensive anaesthesia, with one surgeon, during pterygoid space and middle ear micro-surgery, conditions where any change in blood oozing is obvious.

Even with hypotensive anaesthesia there are a minority of cases where some oozing inexplicably persists. It was decided to test intravenous ethamsylate, 500 milligrams, when this occurred. Cases were excluded unless the blood pressure remained absolutely steady and other surgical and anaesthetic factors remained strictly unchanged. Both surgeon and anaesthetist (microscope side arm view) had then independently to agree there was either no material change or very obvious improvement. From twelve cases fulfilling the above criteria, in eight there was no apparent effect, but in four oozing lessened suddenly and dramatically from 10 to 15 minutes after the injection.

The two series, though small, agree that a dramatic curtailment of blood loss occurs in approximately the same proportion of cases, and this applies despite differences in drug timing, operation site, and species. Could research on why ethamsylate is only apparently convincingly effective in a quarter to a third of cases throw new light on the problem of surgically induced bleeding?

No ill effects were observed from using ethamsylate during genuine hypotension. With expectations of better haemostasis in a known proportion of cases, this poses the further question, whether ethamsylate has a place as a routine adjunct to hypotensive anaesthesia.

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METHOHEXITONE AND PROPANIDID

SIR,—I have read with interest the article entitled "Methohexitone and Propanidid" by Drs. Lind and Roland (Brit. J. Anaesth. [1969], 41, 150), in which they relate the incidence of side effects to the rate of administration of methohexitone.

An investigation concerning the effect of varying the rate of injection on the induction characteristics of methohexitone anaesthesia has been published elsewhere; and this confirms that the incidence of both excitatory and respiratory phenomena increase with increase in the rate of injection (Barron, 1967).

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REFERENCE