A permanent alternative is to re-site the fresh gas inflow to the back of the absorber where it has always been positioned in the past.

With the elimination of the fresh gas flow error, it is found that respirometers placed at the catheter mount and in the circle give almost identical readings with spontaneous respiration. With controlled respiration there is over-reading of the circle respirometer of about 100 ml per tidal volume (variation with machines and with inflation pressures) and allowance must therefore be made if relying on this respirometer only.

I wish to thank Drager Australia, for constructing the adaptor.

DUNCAN I. CAMPBELL
Camperdown, N.S.W.

REFERENCES

ANTIBACTERIAL ACTION OF ANAESTHETIC VAPOURS
Sir.—I was interested to read the paper by Drs Horton and Sussman and Professor Mushin (*Brit. J. Anaesth.*, 1970, 42, 483).

The antibacterial action of anaesthetic vapours is an attractive theory; this brings to my mind an interesting observation made by us. In two cases of posterior craniectomy where trichloroethylene was used for a period of 3 hours, during toilet before extubation, dead round worms were removed from the oral cavity. We all know that ascarides are seen to enter the oral cavity; they must have been exposed to a high concentration of trichloroethylene vapour as there was a leak round the endotracheal tube. Could it be that inhalation agents have a deleterious effect on metazoans as well?

V. M. DIVEJKAR
Bombay

REPEATED PROPANIDID IN CANCER
Sir.—We have been most interested in the cases reported by Johns (1970), Bradburn (1970) and Manz and Fank (1969) on erythema and cardiovascular collapse following propanidid in patients who had received the drug previously without ill effects. We wish to report three similar cases.

Our patients were females aged 31, 51 and 52 years, suffering from early invasive cancer of the cervix. They were in good general condition without previous allergic manifestations. They were premedicated subcutaneously with morphine 10 mg and hyoscine 0.4 mg and had empty stomachs when coming for propanidid anaesthesia. The first implantation of radium in uterus was performed with propanidid 300–400 mg given intravenously in 5 per cent solution. Sleep was uneventful and the patients soon recovered consciousness.

The second radium implantation was performed 1–3 weeks later, with the patients still in good general con-