cells, if the test is performed soon after the drug reaction. Thus an interval of 6 weeks before testing is recommended also.

Now we shall respond to Dr Fisher's qualification of "wrong and dangerous" in reference to our statement that ketamine could be used again in the child with a cutaneous anaphylactoid reaction without signs of circulatory embarrassment, for example hypotension. Again, he does not support his statement by any reference(s). Our statement was based on the following information:

1. Data from a recent study show that anaphylactoid reactions are dependent to a large extent on the speed and mode of administration of the drug (i.v. or i.m.) (Moneret-Vautrin, and Grilliat, 1975);

2. Histamine release from an anaphylactoid mechanism produces localized reactions most frequently (Moneret-Vautrin, and Grilliat, 1975).

In this context, it was found that between 20 and 40% of anaesthetic drugs produce non-specific release of histamine of minor consequence (for example, localized hives along the site of injection). Thus, further use of these drugs administered in small increments is not prohibited.

3. In the event of a more severe reaction, that is bronchospasm, it has been reported that anti-histamines with or without corticosteroids, administered for a period of 48 hr before anaesthesia can block effectively non-specific histamine release.

However, in severe reactions with circulatory collapse, from either anaphylactic or anaphylactoid mechanisms, we suggest that further use of the drug should be prohibited, if at all possible.

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REFERENCES


REACTION TO ALTHESIN

Sir,—There have been recent reports of adverse reactions to the intravenous induction agent Althesin. The effects produced have included restlessness during injection, hypotension, bronchospasm and mottling of the skin at the site of the injection (Horton, 1973; Mehta, 1973; Kessell and Assem, 1974; Tweedie and Ordish, 1974). In addition, hypersensitivity reactions have been described in which patients, although reacting normally to an initial dose of Althesin, reacted adversely to a subsequent dose given 11 days to 1 month later (Avery and Evans, 1973; Watt, 1975).

I should like to report the history of a patient who developed an adverse reaction to Althesin following an interval of 3 months between the first and second doses of Althesin. A woman aged 63 yr with hypertension and stress incontinence was anaesthetized in October, 1974, with Althesin, diazepam and nitrous oxide in oxygen for stretching of the bladder. The anaesthetic was uneventful and after operation she had a short course of imipramine for the treatment of depression. In January, 1975, she was readmitted to hospital so that her bladder could be stretched painlessly for a prolonged period under a long-acting extradural nerve block. With the patient conscious, a lumbar extradural block was administered using 18 ml of etidocaine 1%. For 30 min after initiation of the block, there were no significant changes in heart rate, arterial pressure or ventilation and the level of the block was assessed. Owing to the patient's apprehension, a short general anaesthetic was then given for the preliminary cystoscopy. Althesin 5 ml was injected i.v. through a vein on the dorsum of the right hand. Before the onset of unconsciousness, the patient complained of nausea. This was followed by the development of bronchospasm, tachycardia, hypotension and erythematous mottling of the right forearm. Cardiac arrest occurred, but this responded to resuscitation. The patient remained unconscious for 4-5 days and recovered with some degree of mental confusion and amnesia together with a very cold right arm and a circular sloughing skin lesion at the site of injection of Althesin. The skin lesion persisted for 3-4 months. Subsequent patch-testing of the patient using etidocaine and Althesin was negative for both drugs.

Thus it is now clear that the anaesthetist who has hitherto assumed that a previous uneventful response to Althesin is indicative of the safety of the drug, may be led unwittingly into dire trouble.

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REFERENCES


MALIGNANT HYPERTERMIA

Sir,—In their interesting report on the effects of Althesin on malignant hyperthermia (MH) in susceptible Pietrain pigs, Luke and Lister (1975) make a reference to a similar experiment of mine, reported previously (Harrison, 1973) which I feel needs some clarification.

I found that in MH-susceptible Landrace swine, the protection against MH initiation with halothane afforded by Althesin was only effective on continuous infusion of the drug. Approximately 20 min after discontinuance of Althesin infusion, MH could be induced by re-exposure of animals to halothane. From their report, Luke and Lister appear to have used, as did Hall, Trimm and Woolf (1972),