The proximal end of the tube was fitted to a low-pressure cuff tube (i.d. 5 mm). The cuff was kept inflated continuously, in order to maintain occlusion of the trachea around the tube. The proximal end of the tube was fitted to a Y adaptor, one arm of which was connected by high-pressure tubing to the pipeline oxygen supply delivered at 414 kPa, while the second arm was always unoccluded. The flow of oxygen was interrupted by a manually operated valve. The patients were ventilated with intermittent jets of oxygen of 1-s duration via the sidearm of the connection at a rate of 10 per minute and expiration occurred via the unoccluded second arm.

In all patients, arterial Pco₂ and Po₂ were measured before induction of anaesthesia, and near the end of the procedure which lasted from 15 to 30 min (table I). Airway pressure during jet ventilation, as measured by a Statham transducer, ranged between 35 and 50 cm H₂O at the proximal end of the tube and between 10 and 20 cm H₂O above the carina at a level just below the tube.

The Venturi principle has been used to ventilate patients undergoing microlaryngoscopy (Carden, Trapp and Oulton, 1970; Baraka, 1974) or via a small endotracheal tube (El-Naggar, 1975). A similar principle may be applied for ventilation of patients undergoing microlaryngeal surgery. El-Naggar and others (1974) have shown that oxygen jet ventilation via a small-bore cuff tracheal tube during microlaryngoscopy produces higher PaO₂ and lower Pco₂ values than those obtained during ventilation via injectors or narrow catheters. In their technique, the cuff is deflated intermittently to allow expiration around the tube.

In our technique, patients are intubated by a low-pressure cuff endotracheal tube (i.d. 5 mm). This small-bore tube occupies only 1/5 to 1/4 of the adult's laryngeal inlet and thus provides satisfactory access to the larynx.

The low-pressure cuff was kept inflated continuously, in contrast with the technique of El-Naggar and colleagues (1974), in order to maintain occlusion of the trachea around the small-bore tracheal tube during both inflation and expiration. This ensures effective ventilation, prevents aspiration and avoids fogging of the microscope lens by blood particles. As judged by the arterial Po₂, Pco₂ and airway pressures, the technique described provides adequate ventilation, and ensures high oxygenation with minimal air entrainment.

Anis Baraka
Musa Muallem
Lebanon

REFERENCES
The Perinatal Period

A Symposium reprinted from the British Journal of Anaesthesia, Postgraduate Educational issue, January 1977

This collection of eight articles by specialists in obstetrics, paediatrics and anaesthesia opens with an editorial by Gordon H. Bush and John Norman, emphasizing the contribution that the anaesthetist's appropriate crafts and skills can make in perinatal care.

Articles include The Management of Severe Pre-Eclampsia and Eclampsia by B. M. Hibbard and M. Rosen, which examines the third commonest cause of maternal mortality; Analgesia in Labour by D. B. Scott, discussing the various techniques available and their effects; Management of Respiratory Distress Syndrome by J. W. Scopes, which studies the cause, prevention and management of RDS; and Modern Aspects of the Management of the Newborn Undergoing Operation by E. Vivori and G. H. Bush, describing some of the recent advances in neonatal anaesthesia.

Other articles: Obstetrics, Analgesia and Anaesthesia by J. Selwyn Crawford; Resuscitation at Birth by E. Hey; Surgical Emergencies in the Newborn by J. Lister; and Management of Cardiac Surgery in the Neonate by W. J. Glover.


Payment must accompany order. Cheques should be made payable to Macmillan Journals Ltd. Payment may be made in any currency at the current exchange rate.


SOCIETY OF ANAESTHESIOLOGISTS OF EAST AFRICA

ANNUAL CONFERENCE

October 7–9, 1977 in Nairobi

Enquiries to

Dr Mary Miller, P.O. Box 30026, Nairobi, Kenya
The OXFORD RANGE of VENTILATORS & MEDICAL EQUIPMENT

by EAST OF OXFORD

• East-Radcliffe Combined Anaesthetic Table and Respirator (Model CAP)
• East-Radcliffe Positive-Negative Respirator (Models PN2/PNA1)
• East-Freeman "Patient Triggered" Ventilator
• East-Radcliffe Positive Pressure Respirator (Models P3/P3S)
• East-Radcliffe Portable Positive Respirator (Models B2/M2)
• East-Humidifiers/Blower-assisted Humidifiers
• East-Ventilarm Alarm Unit
• Sheffield Infant Ventilator
• East-Freeman "Automatic-VENT" (miniature ventilator)
• Sheffield Temperature Controlled Water Unit
• Mitchell-East Cuff Inflators

Catalogue of full range of equipment sent on request

H. G. EAST and COMPANY LIMITED
SANDY LANE WEST • LITTLEMORE • OXFORD
Tel: Oxford 779361/778279/770940 • Cables: Eastov Oxford

A British Syphon Company
Br. J. Anaesth. (1977), 49, 195


BOOK REVIEWS

**Self Assessment of Current Knowledge in Anaesthesiology.**
By D. L. Trickey. Published by Medical Examination Publishing Company, Flushing, N.Y.

Multiple-choice questions serve two purposes. They are often a part of an examination. In this sphere, however, they have the essential limitation that they can test only knowledge of facts. It is generally agreed also that the multiple-choice method of examination is more reliable from the point of view of placing candidates in order of merit than any other method available.

On the other hand, because it is a test of factual knowledge only accepted facts may be the subject of the questions. However, what constitutes a fact is by no means easy to define, especially in medicine.

Thus it may be an incontrovertible fact that a journal has published a particular article, but the acceptance of a paper for publication does not signify that its contents are ever after to be regarded as authenticated fact.

The author of this book is aware of the quagmire which he treads, and provides references for each statement which forms the basis of a question. However, nearly all the references are to journals, and the dates of the publication of the articles extend from 1970 to 1975. The material chosen to be the basis of the questions is mostly related to clinical anaesthesia, or physiological or pharmacological knowledge bearing directly upon this. In all, there are 1142 questions. The net result is very comprehensive coverage of the subject. Those who wish to test their own knowledge of literature before sitting the final F.F.A.R.C.S examination would find this volume invaluable as a means of testing the thoroughness of their reading of the recent literature. The majority of the references are to North American journals. There is, however, a very adequate representation of material which has been published in journals like the British Journal of Anaesthesia, Anaesthesia, and the British Medical Journal and the Lancet. Other non-anaesthetic journals are also referred to, for example the New England Journal of Medicine, the American Heart Journal, Annals of Surgery, and Clinical Pharmacology and Therapeutics. Over all, it is a most useful book which can be commended to any who wish to assess how thorough has been their reading of current literature on matters related to anaesthesia.

A. R. Hunter


It is very difficult indeed to review this book in any constructive fashion. It represents the published reports of a Symposium which was held in Madrid in 1974 and contains contributions from a large number of well-known and less well-known clinicians and bacteriologists. There are 44 sections which vary in length from two to eight pages.

The clinical experience of many of the speakers makes their contributions very useful in a general way. Unfortunately, only one of the contributors gives any references which can be followed and the others either confine themselves to anecdotal review material or, alternatively, give unhelpful although very comprehensive lists of the bacteria which they have encountered in their own departments. There is a great deal of repetition.

The aspects which are of most importance in present-day clinical bacteriology are the reasons for the predominance of Gram-negative organisms, the advantages and disadvantages of the use of prophylactic antibiotics in susceptible patients, the virtues or otherwise of various methods of treatment and the factors which influence the patient’s response to infection. Unfortunately, the clinician will find little help in the volume. Unsupported evidence is given both for and against the use of specific agents such as prophylactic antibiotics and corticosteroids, and most of the speakers who dealt with these aspects of treatment suggested, but without statistical evidence, that neither practice was desirable.

Several opinions are given as to the best combination of antibiotics to be used in the treatment of septicaemia, but the variety merely emphasizes the difficulties encountered and gives no real guidance. It is, of course, of interest that attention is again focused upon the dangers of urinary catheterization, endotracheal intubation and i.v. catheterization, but there is nothing new in this.

Good elementary recommendations are made with regard to such things as the virtues of hand washing, social cleanliness and sterilizing ventilators, but the purchaser is entitled to expect more than this of a book which costs about £27.00.

Altogether, this is a very disappointing book which exemplifies all of the drawbacks which accompany an attempt to make a scientific publication out of an international symposium.

J. C. Stoddardt


This unusual book is based upon a symposium held under the auspices of the National Institute of Child Health and Human Development, the National Institute of Dental Research and the Fogarty International Centre in the U.S.A.