CORRESPONDENCE

VALVULAR GLOTTIC OBSTRUCTION IN A BABY

Sir,—Twelve days before admission, a baby girl (aged 9 months, wt 12 kg) had coughed violently while eating boiled egg and bread and, although it was considered possible that she had aspirated some food, she had remained well for 8 h until severe dyspnoea developed during sleep. An initial diagnosis of asthmatic bronchitis was made and she was treated with isoprenaline and bromhexine.

On the day of her emergency admission to the paediatric clinic of our hospital, she had suddenly developed severe dyspnoea with inspiratory stridor, and cyanosis. Shortly after admission, bronchoscopy was performed using a 3-mm bronchoscope under general anaesthesia comprising 50% nitrous oxide in oxygen with halothane 1-4%. Bronchoscopy revealed a foreign body lodged directly below the vocal cords. This was white in colour and it moved upwards and downwards with respiration, completely obstructing the larynx during inspiration. After removal, the object was seen to be a fragment of egg shell with a roughened circumference and surface area of 0.5 cm$^2$. A second smaller fragment of eggshell was removed from the orifice of the left main bronchus. Further examination of the bronchial tree revealed no abnormality. Cardiac and respiratory rates were monitored using two stethoscopes during the 45-min procedure; atropine 0.3 mg was administered i.v. when a reduction in heart rate from 130 beat min$^{-1}$ to 90 beat min$^{-1}$ was detected. After operation, steroid and antibiotic therapy were given, and the baby made a good recovery.

Many types of foreign material have been recovered from the respiratory tract during bronchoscopy in children; this presentation is unusual in that the onset of severe airway obstruction was delayed for 12 days, when the larger piece of eggshell caused a valve-like obstruction at the level of the vocal cords.

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CHLORAZEPATE FOR PREMEDICATION

Sir,—I would like to make the following observations on the article by Cohen and others (1978) on the use of chlorazepate for premedication on the night before operation.

Although the results obtained were submitted to Student's $t$ test, I feel that this may not be valid without modification. More than one-third of the patients entering the prospective trial were excluded because either the proposed operation was cancelled or insufficient data were collected. However, the number excluded in the placebo group (15/30) was significantly greater ($\chi^2$ test $P < 0.05$) than the number in the treated group (6/30). A further group of the patients was excluded from the final evaluation following full recovery from anaesthesia, but no reason was given. This included more than one-half of the patients receiving the drug although the authors claim no complications were encountered. Had these patients fled the theatres in terror? No indication is given that allowance is made in the statistical analysis for the missing two-thirds of the results.

I feel that, while the manufacturers may derive satisfaction that the drug they market as a tranquillizer does appear effective in the face of a known anxiety-causing stimulus (surgery), the advantage of such a long-acting drug (mean half-life 53 ± 6 h) is obscure. Since the patient receiving the placebo had the same anxiety scores as the treated patients immediately after recovering from anaesthesia, as assessed by the authors' chart (which, incidentally, is a table of values, not a nomogram as stated), I see no reason for giving a drug which continues to act for a further 2 days. The manufacturers issue the same cautions for this drug as for all other benzodiazepines.

Since the trial was not a comparison with any other accepted premedication regimen, but rather a test of anxiolysis, I am unlikely to use chlorazepate. In addition, the authors advocate the use of an opiate where necessary, and so I shall continue to prescribe papaveretum and hyoscine.

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REFERENCE