

The postoperative course was uneventful.

This case is reported as one in which "ether convulsions" were noted and correlated with arterial blood gas tensions. Hypercarbia and acidosis have been frequently incriminated as

causing this complication but have not been well documented. These extremely abnormal values, even after some correction of offending hypoventilation, seem to support the case for CO_2 retention.

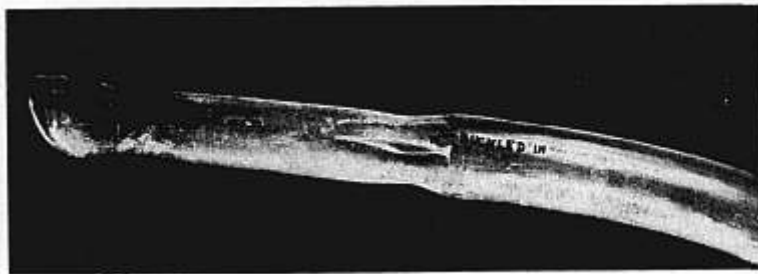
Obstructed Endotracheal Catheter

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Although there are many reasons for a properly placed endotracheal tube not always ensuring an unobstructed airway, I recently noted a plastic tube which was partially obstructed, but apparent only on close examination. A size 36 French clear plastic endotracheal catheter which had turned amber after one year's use developed a leaky cuff. This

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cuff had originally been very snug fitting and upon removing it the tube had a constricted area two and one-quarter inches in length. Apparently the pressure of the cuff aided by the warmth of the body when in use over the period of the year or less had remolded the thermolabile plastic (see illustration). The upper three-quarters of an inch of this constricted area was buckled inward. The length of the area is easily noted.



CORRESPONDENCE

Correction

To the Editor.—There is an error in my paper, "Krypton⁸⁸ and Nitrous Oxide Uptake of the Human Brain During Anesthesia." (ANESTHESIOLOGY 25: 37, 1964.) Line 25 on page 41 should read, "A fall in cardiac output during hypocarbia would also produce

a more rapid rise in arterial N_2O concentration similar to the pattern seen in figure 3."

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