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Failure of Gallamine to Inhibit Succinylcholine-induced Increase in Intraocular Pressure

To the Editor:—We have found that gallamine does not inhibit the increase in intraocular pressure (IOP) induced by succinylcholine, a finding that is in agreement with the report by Meyers *et al.*[1] We measured IOP in 13 patients before and after administration of gallamine, 0.4 mg/kg, and the subsequent administration of succinylcholine, 1.5 mg/kg. Pressures were compared with those of a control group of 20

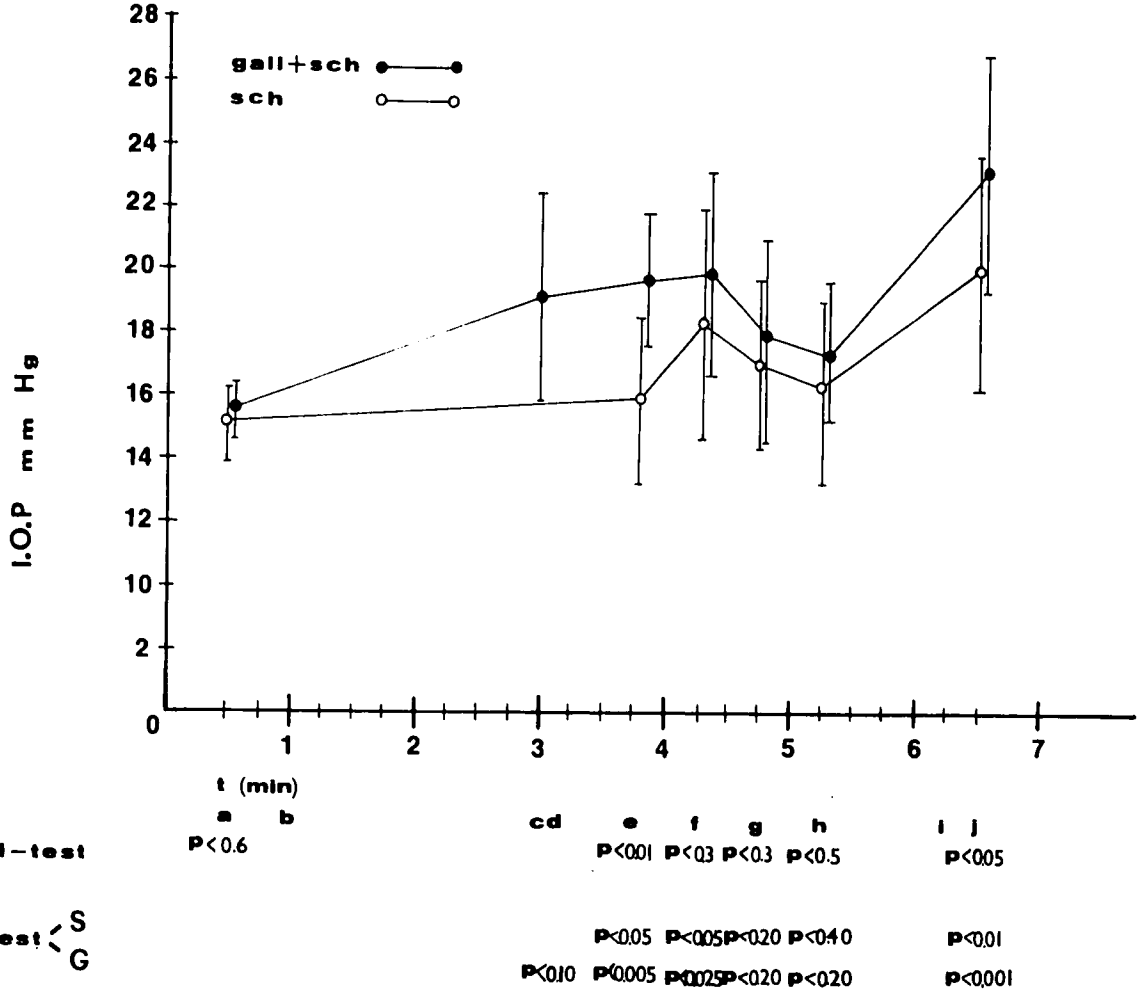

FIG. 1. *a*, intraocular pressure before any anesthetic drug was administered. *b*, gallamine, 0.4 mg/kg. *c*, intraocular pressure 2 min after gallamine administration. *d*, SCh, 1.5 mg/kg. *e, f, g, h*, intraocular pressure 30, 60, 90, and 120 sec. after SCh. *i*, intubation. *j*, intraocular pressure after intubation. *Statistics*: Unpaired *t* test (vertical comparison); paired *t* test (horizontal comparison). S = SCh group; G = gallamine group.

patients, before and after the administration of succinylcholine. The patients were 4 to 80 years of age. All patients were premedicated with atropine, 0.01 mg/kg, and meperidine, 1 mg/kg, one hour preoperatively. Anesthesia was induced with thiopental 5 mg/kg, and maintained with nitrous oxide–oxygen, 3:2 l/min. Using a Schϕitz tonometer, measurements of IOP were made before induction of anesthesia; 2 min after administration of gallamine; and 30, 60, 90 and 120 sec after administration of succinylcholine. The last measurement of IOP was made immediately following tracheal intubation. Our findings show that gallamine, 0.4 mg/kg, may increase IOP (in about 46 per cent of the cases) 2 min after its administration; second, that pretreatment with gallamine does not prevent the increase in IOP induced by succinylcholine (fig. 1).

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Imperforate Blood Warmer Coils

To the Editor: — We recently discovered two defective blood warmer coils, which confused operating room personnel and delayed needed blood transfusion. The warmer coils were made by Dupaco. A unit of whole blood, microaggregate blood filter, transfusion administration set, and warmer coil were connected in series for administration of blood to a patient undergoing Harrington-rod instrumentation. Under the maximal pressure generated by a blood pump, blood could be forced only halfway through the coil. Questions were then raised as to which component in the line was at fault. A new system of blood, filter, transfusion set and warmer coil was immediately assembled and transfusion was carried out. As we inspected the first system closely, we discovered that the lumen of this coil was totally occluded by an invisible thin plastic membrane between the coil and its distal male adaptor (fig. 1). As a result of this experience, we easily recognized the second imperforate coil, which had a similar diaphragm but at a more proximal location. It is probable that the occlusions occurred during manufacture of the coils and somehow escaped final inspection.

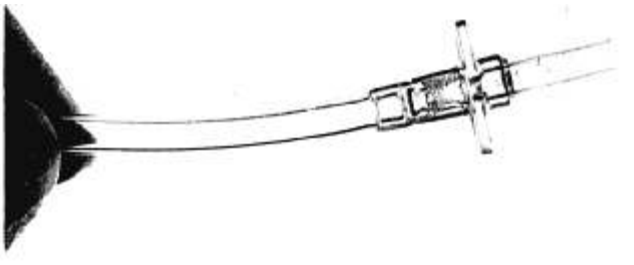

FIG. 1. Diaphragm at the junction of distal male adaptor and blood warmer coil is apparent in this back-lighted view.

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