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In reply:—We are sorry for the confusion in describing our methods. To clarify, we studied insulin-taking diabetic patients in three groups. Groups 1 and 2 were followed without insulin intervention until the plasma glucose level reached 400 mg/dl. Seven patients in these two groups reached that level and were subsequently given 20 units of regular insulin intravenously. Group 3 (the titration group) was given insulin, 10 units, when the plasma glucose rose above 200 mg/dl. No patient in Group 3 reached a plasma level requiring the larger dose of insulin.

As to the method of management, both Clark *et al.* and we recommended 1) the dose of glucose be limited, 2) the level of blood glucose be monitored, and 3) rigid adherence to protocol be abandoned. Clark *et al.* may have had excellent results with iv infusion (data not given) where others have failed¹ because of their "other adjustments . . . as the blood sugar varied." We recommended single intravenous injections of 10 units at high plasma glucose levels as a compromise to the anesthesiologist who may have multiple distractions making the continuous infusion less desirable. If sufficient anesthesia help is at hand insulin infusions could possibly

be the better technique. The reference cited by Clark *et al.* concerning an artificial beta cell to control diabetes during surgery² will probably be the method of management in the future when such technology becomes available to all anesthesiologists.

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An Unusual Cause of Leakage in an Anesthesia System is More Usual Than It Should Be

To the Editor:—It is with interest that I read the letter about an unusual cause of leakage in an anesthesia system by Wolf *et al.*¹ This problem was reported by myself four years ago,² and has since been detected six times in our operating rooms. Perhaps it is not so unusual after all.

I am in agreement with Wolf and co-workers that there is a major fault in design when the gas delivered by the ventilator passes through the structure used to support the ventilator. Also of concern is the fact that this problem was first reported four years ago and we are not aware of any steps the manufacturer (Narco Medical Services) may have taken to inform anesthetists

of this potential problem or to change the design of the support structure.

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