

The incident described by Dr. Martin is somewhat different, and an alternative summary table is needed. In this case, the anesthesiologist effectively did not know what agent the agent-specific vaporizer was designed for but *did* know what was in it. Here the settings were appropriate for the *agent* but not for the vaporizer. The theoretic concentrations that would be delivered in this second situation are summarized in table 2.

It is reasonable to assume the more likely error is the former. Agent-specific vaporizers usually are clearly labeled, and it is unlikely that these markings would be ignored. However, exceptions do exist, as evidenced by Dr. Martin's experience. Since the pin-index filling system has not been universally adopted, the potential hazards summarized in these tables illustrate the need for vigilance even in such apparently mundane tasks as filling the vaporizer.

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Open Eye Injuries

To the Editor:—Libonati *et al.*¹ have confirmed what I believe many anesthesiologists have known or felt for many years: a careful rapid-sequence induction using succinylcholine is the safest total patient care approach to an open eye injury in a patient with a full stomach. Other studies concerning intraocular pressure and succinylcholine have neither accurately simulated the conditions of a rapid-sequence induction nor examined the effects on an open decompressed globe.

Some time ago I attempted to approach this problem from the decision analysis point of view. In doing so I gathered some interesting data that may further support the use of succinylcholine. The 10 ophthalmologists I interviewed agreed that only a small percentage of patients with penetrating eye injuries recovered any useful sight in the injured eye. Among 27 patients who had lost sight in one eye, only two considered monocular vision a handicap.

Using decision analysis, as one would expect, the basic issue became the balance between the probability of worsening the eye injury and the ultimate consequences

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Problems in Interpreting Gastric Pressure Measurements

To the Editor:—The article by Dureuil *et al.*¹ concerning the effects of aminophylline on breathing in patients after abdominal surgery is of interest but difficult to interpret.

This is partly because their results are expressed as changes, such as ΔP_{ga} , the difference between gastric pressure at end-inspiration and gastric pressure during

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thereof and the probability of aspiration pneumonitis and its consequences. With all the reasonable probability and utility assignments I could make, the decision to use succinylcholine in a rapid-sequence induction was always favored. Unfortunately, I did not have enough hard numbers to ensure the validity of the decision analysis.

We are fortunate that Libonati *et al.* have published their results. They may save more lives and prevent more morbidity than many of the esoteric articles we read.

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