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Duplication of Technique

To the Editor:—The recent article by Bourke et al. 1 attributed to them a technique previously described in a paper from Memorial Sloan-Kettering Cancer Center. 2 In that paper we stated that the technique, "is indicated whenever topical anesthesia of the airway is appropriate." 2

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REFERENCES

- Bourke DL, Katz J, Tonneson A: Nebulized anesthesia for awake endotracheal intubation. ANESTHESIOLOGY 63:690-692, 1985
- Vuckovic DD, Rooney SM, Goldiner PL, O'Sullivan D: Aerosol anesthesia of the airway using a small disposable nebulizer. Anesth Analg 59:803-804, 1980

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In reply:—We apologize to Dr. Rooney for failing to discover her article in our literature search and consequently not acknowledging it. Hopefully, between the two articles, 1,2 more anesthesiologists and patients will benefit from this valuable technique.

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REFERENCES

- Vuckovic DD, Rooney SM, Goldiner PL, O'Sullivan D: Aerosol anesthesia of the airway using a small disposable nebulizer. Anesth Analg 59:803-804, 1980
- Bourke DL, Katz J, Tonneson A: Nebulized anesthesia for awake endotracheal intubation. ANESTHESIOLOGY 63:690–692, 1985

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Are Recommendations Regarding Barbiturate Protection during Bypass Justified?

To the Editor:—We congratulate Dr. Nussmeier and her colleagues on their fine work demonstrating the usefulness of barbiturates in providing cerebral protection during cardiopulmonary bypass (CPB) in patients in whom a heart chamber has been opened. Furthermore, we applaud Dr. Michenfelder's candor regarding the final clinical recommendations stemming from the study of Nussmeier et al. However, the recommendations ultimately put forth by the authors and summarized by Dr. Michenfelder, i.e., "that this 'proven' therapeutic intervention not be denied

patients undergoing cardiopulmonary bypass procedures requiring an open ventricle," may be inappropriate in light of some of the design elements of the study.

Of particular concern is that management of CPB may have been suboptimal with respect to protection of the brain from focal ischemic damage. The authors plainly state that arterial filters and membrane oxygenators were not used, that bypass was carried out under essentially normothermic conditions, and that a glucose-containing solution was used in the pump prime. While these practices