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A New Method of Communication between Anesthesiologists

To the Editor:—Computer systems that provide electronic mail recently became readily available. Electronic mail provides nearly instantaneous communication, making it possible to discuss safety, regulatory, or scientific matters of interest with a large number of physicians almost instantaneously. We wish to describe an anesthesiology "mailing list" that will make rapid dissemination of information possible for all members of the anesthesia community.

We have developed an anesthesiology mailing list that is open to any interested anesthesiologist, anesthesiology resident, or nurse anesthetist with no charge. It is accessible to anyone who has a computer and modem and subscribes to a computer service such as CompuServe, MCI Mail, or America OnLine. The list also is directly accessible from the Internet, a worldwide computer network. (All electronic mail addresses used below are "Internet addresses." Users of computer services mentioned above should contact their customer service department for directions about how to send electronic mail "to the Internet.") This list can be used by any member to automatically forward a message to all recipients.

All that is needed to become a member of the mailing list is to send an electronic mail message to:

listserv@mcan00.med.nyu.edu

The only line of text in the message should be:

subscribe anesthesiology

When our computer receives this message, the sender's electronic mail address will be added automatically to the mailing list. A message can be sent to all list recipients by addressing it to:

anesthesiology@mcan00.med.nyu.edu

Questions or comments about the list should be sent to

keith@mcan00.med.nyu.edu

An enthusiastic response to this invitation will result in a valuable, worldwide network of communication between members of the anesthesia community.

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A Rapid Method for Negative Inspiratory Pressure Measurement

To the Editor:—Maximal inspiratory pressure, the peak negative pressure generated against an occluded airway, is one of the most reliable methods for determining the adequacy of reversal of neuromuscular blockade.[1,2] Although older sources state that an inspiratory pressure of 20–25 cmH$_2$O indicates adequate recovery of neuromuscular function,[3] more recent data from fully cooperative volunteers suggest that the appropriate pressure is 40 cmH$_2$O.[4–6]

Although inspiratory pressure can be measured with a dedicated aneroid manometer, it usually is measured with the breathing system pressure gauge of the anesthesia machine. The generally used procedure is to remove the reservoir bag, turn off the fresh gas inflow, and close the adjustable pressure limiting (APL or "pop-off") valve. The reservoir bag mount is then occluded with the palm of one hand while inspiratory pressure is read from the gauge. The bag, APL valve,

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and fresh gas flow must be restored to their original conditions after the measurement is completed.

We suggest an abbreviated method that is useful with both Ohmeda and North American Drager anesthesia circuits: Without closing the APL valve, turn off the fresh gas flow and grasp the reservoir bag to create an occlusion just below its connection to the circuit. Since modern APL valves are one-way devices, allowing gas to leave but not enter the circuit, this technique allows positive pressure to be relieved while negative inspiratory pressure still can develop within the circle. Additionally, there is no need to detach and reattach the reservoir bag, which can be difficult if the "fit" is tight. The new technique can be done easily with one hand, leaving the other free for patient-care chores.

In summary, we describe an abbreviated, one-handed technique for measuring negative airway pressure prior to tracheal extubation.

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Life for an Anesthesiologist in Sarajevo

Editorial Comment:—What follows is an English translation from Croatian of a letter written in the spring of 1993 by Professor Zeljka Rukavina, Ph.D., Chair of Anaesthesiology in Sarajevo, to her friends in Croatia. This letter describes in grim detail under what conditions this anesthesiologist still performs her humanitarian activities.

Lawrence J. Saidman, M.D.
Editor in Chief

April 11, 1993

Dear   :—It is wonderful to receive a small note from a friend at this time. It is hell in Sarajevo. I would not wish any of it, not even for 1 day, on my enemy. My husband and I are here. My mother has died; my brother, heavily wounded, was expelled with his family from one part of Sarajevo; and my sister has left Sarajevo with her family. It is Easter Day today, and everything seems so sad—there is nobody around. My Irene is in Vienna; probably she is OK. The houses here are just ruins. It is impossible to write about everything. The feelings—anger, sadness, love, intolerance, and fear (but not of shellings)—are intermingled and tearing the soul apart. I am still physically stable, working a lot, thinking very little. We have neither electricity nor water. I am adoring the bread. There is no way out. I myself do not know what kind of end I wish. Even if I could leave, where should I go? Here at least I go to my bed in a semi-intact room,

being dirty, hungry, and exhausted. Maybe I would not be able to tolerate even that any longer, but there is no way out. There are still people needing my help in Sarajevo. I live in hope that behind these mountains there is still an untouched world left. But I know that I won't see it anymore. Thirty-two anesthesiologists have left Sarajevo. In the last 4 months, I didn't leave the hospital. Every exit onto the street, even inside the home, could be the last. The shellings are lasting for 6 to 7 hours, and grenades are falling now irregularly everywhere. My apartment was hit twice. There is not a single window nor street lamp left intact in Sarajevo. Garbage is piling up to little hills. There are no cats, because they were torn to pieces by dogs this winter. Since May of last year I haven't tasted fresh meat or vegetables. For the value of the coupons that I receive monthly, I am able to buy 30 cigarettes or 6 eggs or 7 packages of toilet paper. The schools are practically not working. The children are no longer