

University of Texas Southwestern Medical Center  
5323 Harry Hines Blvd.  
Dallas, Texas 75235 – 9068, U.S.A.

#### REFERENCES

- 1 *Epstein RJ*. Six authors in search of a citation: villains or victims of the Vancouver convention? *Br Med J* 1993; 306: 765–7.
- 2 *Greene NM*. Anesthesiology journals 1992. *Anesth Analg* 1992; 74: 116–20.
- 3 *Rollin A-M*. How many authors (Editorial)? *Anaesthesia* 1994; 49: 97–8.
- 4 *Pomaroli A, Hauffe H, Benzer A*. Who publishes in the large anaesthesia journals? *Br J Anaesth* 1994; 72: 723–5.

## LMA in neurosurgery

To the Editor:

The laryngeal mask airway (LMA) has the advantage of attenuating the pressure response during its insertion compared with tracheal intubation and the associated increase in heart rate is very short lived.<sup>1,2</sup> The LMA also results in minimal coughing and produces a smooth emergence from anaesthesia. In the neurosurgical patient small perturbations in blood pressure may initiate total or regional cerebral ischaemia and may even enhance cerebral oedema formation by further elevating ICP.<sup>3,4</sup> Thus, cerebral blood flow increase due to blood pressure elevations may lead to a progressively decreasing cerebral perfusion pressure.

We, therefore, used the LMA in place of intubation in five neurosurgical patients between the ages of 7–52 yr, who were to undergo elective ventriculo-peritoneal (VP) shunt. Following preoxygenation anaesthesia was induced. The LMA was then connected to the Acoma Anaespirator KMA 1300 F 11 for controlled ventilation. The procedures were uneventful. We observed that the LMA produced acceptable haemodynamic stability during its insertion, and emergence from anaesthesia was smooth. We feel that the role of LMA in the management of airway in neurosurgical patients should be extended. We suggest that the LMA should be considered an alternative to tracheal intubation in elective, short neurosurgical procedures such as VP shunts.

A. Agarwal MD  
N. Shobhana MD  
Lucknow, India

#### REFERENCES

- 1 *Braude N, Clements EAF, Hodges UM, Andrews BP*. The

pressor response and laryngeal mask insertion. A comparison with tracheal intubation. *Anaesthesia* 1989; 44: 551–4.

- 2 *Wilson IG, Fell D, Robinson SL, Smith G*. Cardiovascular responses to insertion of the laryngeal mask. *Anaesthesia* 1992; 47: 300–2.
- 3 *Klatzo I*. Neuropathological aspects of brain edema. *J Neuropathology Exp Neurol* 1967; 26: 1–14.
- 4 *Marshall WJS, Jackson JLF, Langfitt TW*. Brain swelling caused by trauma and arterial hypertension – haemodynamic aspects. *Arch Neurol* 1969; 21: 545–53.

## Vitamin C as placebo

To the Editor:

I was interested to read of *Rashiq et al.*'s study of the recovery characteristics following induction of anaesthesia for day care surgery with a combination of thiopentone and propofol compared with the agents used alone.<sup>1</sup>

I note that in their randomised, double-blind study they administered a "yellow liquid" placebo (Berocca-C vitamin concentrate; Roche) in the propofol induction arm of the study. This placebo liquid may have the potential to objectively alter the incidence or severity of some of the outcome variables assessed by them 24 hr after surgery, such as postoperative myalgia, backache or sore throat. The perioperative administration of oral vitamin C has been shown to reduce the incidence of myalgia associated with the administration of suxamethonium to patients presenting for day case airway and gastrointestinal endoscopy under general anaesthesia.<sup>2</sup> Berocca-C vitamin concentrate (Roche) is supplied as 50 mg · ml<sup>-1</sup> and subsequent dilution to prepare the colour-matched placebo would, I appreciate, make the final dose of vitamin C administered relatively low.

However, I feel that it is worth pointing out that, since vitamin C does have the potential to affect outcome in this study, its use as a placebo at whatever dilution should be avoided.

D.R. Ball MD  
UC Irvine  
California

#### REFERENCES

- 1 *Rashiq R, Gallant B, Grace M, Jolly DT*. Recovery characteristics following induction of anaesthesia with a combination of thiopentone and propofol. *Can J Anaesth* 1994; 41: 1166–71.
- 2 *Gupte SR, Savant NS*. Post suxamethonium pains and vitamin C. *Anaesthesia* 1971; 26: 436–40.