MONITORING BREATH SOUNDS

DEAR SIR,

While working two or three metres from a mechanically ventilated patient in the operating room, an anaesthetist may wish to receive in-

formation about the patient's breath sounds. This can be obtained via a microphone (Radio Shack 33-1058), that fits conveniently into the standard mount for an oxygen electrode (Ohio 200), placed on the expiratory side of a circle system, and a combined amplifier and speaker (Radio Shack 277-1008).

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A NEW ANAESTHETIC HAZARD?

DEAR SIR,

I have recently been asked to anaesthetize two patients who had had lower abdominal and pelvic ultrasonographic examinations. One had a ruptured ectopic pregnancy and came to the operating room direct from the ultrasound department. The other had an incomplete abortion and arrived in a less hurried manner. Both had been requested to drink some 1.5 litres of water rapidly to promote diuresis and filling of the urinary bladder as a diagnostic aid. The second patient was also receiving intravenous syntocinon.

Instead of oral fluids, I have requested that these patients receive their fluid load either intravenously or by urethral instillation into the bladder, thus avoiding the hazards of aspiration of gastric contents during the perianaesthetic period. Objections to catheterizing the bladder are possibly invalid as both these patients needed catheterization to empty their bladder in the operating room.

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