of red on a white background. Although Sabex has modified the atropine label by removing the stripe, in our opinion, these ampules could still be easily confused with each other.

Medication error is an important cause of patient morbidity. All practical precautions must be taken to label clearly vials and syringes for quick and consistent differentiation.

It is disturbing that a single manufacturer would offer two medications which are visually so similar.

Charles Boldt MD
J.E. Renwick MD, FRCPC
Department of Anaesthesia
University Hospital
Vancouver, B.C.

REPLY

In response to the letter of Drs. Charles Boldt and J.E. Renwick, Sabex is in total agreement with their statement that since medication error is an important cause of patient morbidity, all practical precautions must be taken to clearly label vials and syringes for quick and consistent differentiation. We are also of the opinion that with the number of products that a health care professional must use, he/she cannot rely on glass colour or colour of label for product differentiation. To eliminate medication error, there can be no substitute for reading the label. In that respect, we believe that our very legibly labelled product assists in the reduction of medication errors (Figure).

As a Canadian owned manufacturer of pharmaceutical products, Sabex has the ability to make changes to labels or packaging on very short notice. We are known to be very cooperative and have in the past made several changes after being advised by our clients of a potential risk, and it is our intention to continue to offer this unique service.

Suzanne Levesque B. Pharm
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FIGURE

Unintentional left main bronchus intubation

To the Editor:

We would like to draw the readers' attention to the possibility of unintentional left main bronchus intubation in a patient with tracheal stenosis. A 50-yr-old obese woman was scheduled for subtotal thyroidectomy for a huge goitre. The clinical examination revealed no respiratory distress or inspiratory stridor, although on the chest x-ray, the trachea looked deviated to the right.

An awake intubation under topical anaesthesia was performed after which the patient was anaesthetized with N₂O/O₂, fentanyl, isoflurane and vecuronium. The endotracheal tube was secured in place and normal and equal breath sounds were heard bilaterally. Throughout surgery the arterial oxyhaemoglobin saturation (SpO₂) remained >97% with FiO₂ 0.4 and the peak inspiratory pressures (PIP) were <30 cm H₂O. By the end of surgery, the SpO₂ gradually decreased to 94–95% and the PIP increased to 40 cm H₂O. Decreased breath sounds were noticed at the apex of the right lung. A chest x-ray taken at the end of surgery surprisingly revealed the tip of the ETT in the left main bronchus. The right lung received some ventilation through the "Murphy's Eye," but the right upper lobe was atelectatic (Figure). The tube was withdrawn 3 cm and the trachea remained intubated for

FIGURE Note curved outline of EIT and pressure of tip in left main bronchus.