waveform in the punctured vessel should determine whether it is arterial or venous. The attachment of a pressure transducing line to the introducer needle will allow the pressure of the vessel to be measured before proceeding with dilatation.

This can be achieved by attaching a three-way tap between the syringe and introducer needle with the pressure transducing line on the side arm (Figure). Once the vessel is cannulated the pressure can be compared with that measured through the arterial cannula. If the pressure is venous then the guide wire can be passed through the tap after removal of the syringe or the tap can be removed altogether at this point.

The advantage of transducing the introducer needle at the time of insertion in a hypotensive patient is that, if an artery is accidentally punctured, it may be detected immediately before the puncture site is dilated with potentially fatal consequences.

FIGURE Pressure monitor line attached to guide needle with a three-way tap for central vein cannulation.

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Intravenous anaesthesia and leukocytes

We would like to comment on Dr. Krumholz's paper "The influence of intravenous anaesthetics on polymorphonuclear leukocyte function" (*Can J Anaesth* 40: 770-4, 1993).¹

We examined the effects of intravenous sedatives such as diazepam and flunitrazepam and published the report in the *British Journal of Anaesthesia* in 1991,² which was cited in the review by Salo³ in 1992. As demonstrated in our paper, flunitrazepam powder is not water soluble and the depressive effects of the commercially available flunitrazepam injection on neutrophil function including superoxide production are mainly due to additives such as propylene glycol, ethanol or benzyl alcohol. In our study, we further investigated the effects of these additives on the O_2 producing system in neutrophil. We recommend that any solution for intravenous injection should be examined with caution on the effects of additives.

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