Correspondence

RCPSC CME timer

To the Editor:

Canadian anesthesiologists should be aware that the Royal College of Physicians and Surgeons has mandated that all members of the College participate in "Maintenance of Certification". This requires them to undertake and record up to 400 hr of CME every five years.

The rules concerning the appropriate types of CME and the documentation required for each type are complicated. I have created a Web site at www.ContinuousMedicalEducation.com to help specialist anesthesiologists meet the College's requirements. The site contains:

1. A CME Timer, which documents the time, date, and duration of Internet CME.
2. A Guide to Maintenance of Certification, which is clearer and more user-friendly than the College version.
3. Forms to document each type of CME, to ensure that all the details required by the College are noted.
4. Information about what "Personal Learning Projects (PLPs)" and "Practice Review" are, with many suggestions. An example PLP, "How can I use the Internet for CME?" is worked through in detail.
5. A Learning Needs Assessment Form, to help decide what areas need further study.
6. Journal Watch, a review of the latest major anesthesia journals.
7. Resources - annotated links to Medline searches, Internet searches, anesthesia Web sites and major journals.
8. QuickQuiz - a five-minute test on various aspects of medical care, marked instantly, with a report sent to the user by email.
9. A Discussion area, to allow comments and collaboration. A sophisticated program is used, which allows grouping of messages devoted to the same subject, and includes the option for users to be notified when there is a response to their message.
10. Contact, support and sponsorship information.

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Early use of curare in England. Correspondence between H. Griffith and R.R. Macintosh

To the Editor:

Griffith and Johnson introduced curare with their paper "The use of curare in general anesthesia".¹ Previously unpublished correspondence between Harold Griffith and Robert Macintosh, has allowed us to establish the early use of curare in England before it was introduced into the English market,

Robert Macintosh was in touch with Griffith as a result of their mutual involvement in Air Force medical matters during the Second World War.² Macintosh heard about curare in a letter from Griffith on 17th June 1942:

*"I enclose a report which we have just completed on Curare and which will appear in the July number of Anesthesiology. As you can see, we have been greatly pleased with its use and we feel that it has a definite place in anesthesia. I am sure the Squibb Company would be glad to let you have some for experimental use if you would like to try it out. Our surgeons are enthusiastic about it".*³

This provided Macintosh with early access to curare. In a film on artificial respiration from Macintosh's Department in 1943, the patient was paralysed with Curarine.² Macintosh contributed to its more widespread use through articles and lectures.^{4,5} In a letter to Griffith, in 1945 he states:⁶

"On Friday 22nd (June), I gave a short paper on "Curare" to Service anaesthetists in the U.S.A. Hospitals. (...) I told them that I thought that your introduction of this substance promises to be one of the really big advances in anaesthesia."

The relationship between Griffith and Macintosh, encouraged the early introduction of curare in England.

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- 2 Beinart J. A History of the Nuffield Department of Anaesthetics, Oxford 1937–1987. Oxford: University Press, 1987.
- 3 Letter from H. Griffith to R. Macintosh. 17th June 1942. Contemporary Medical Archives. London: Wellcome Institute for the History of Medicine.
- 4 Macintosh RR. Anaesthetics research in wartime. Med Times 1945; 253–5.
- 5 Macintosh RR. The role of curare. Practitioner 1946; 157: 306.
- 6 Letter from R. Macintosh to H. Griffith. 25th June 1945. Contemporary Medical Archives. London: Wellcome Institute for the History of Medicine.

Paint chips and glass ampoules

To the Editor:

Many pharmaceutical manufacturers use paint stripes to help identify their ampoules. We would like to warn their users of the potential risk for drug contamination when a paint stripe is applied over the “scored” neck of a glass ampoule.

FIGURE Fentanyl ampoule. Note the paint chip floating on the surface of the liquid

Our pharmacy purchases fentanyl from Faulding (Canada) Inc. Their glass ampoules (2ml size) have a yellow stripe of paint around the “scored” neck of the ampoule. (Figure) The ampoule is “snapped” open in the usual fashion by placing the top between the thumb and the proximal phalanx of the index finger.

On two separate occasions, a fleck of yellow paint was noticed to be floating on the surface of the liquid inside the ampoule. It was evident on careful inspection that a portion of the yellow paint from the outside of the ampoule was missing. Presumably, the paint chip became detached from the glass and fell into the ampoule while it was being opened. This was noticed prior to intrathecal injection of the medication in both instances.

There have been several case reports of drug contamination by glass particles when opening glass ampoules.^{1–3} In such instances, the use of a filter needle may guard against the intrathecal injection of particulate matter. However, the outside surface of the ampoule is certainly not sterile. If the paint chip had gone unnoticed, a solution that was potentially contaminated with bacteria could have been administered.

Acknowledgments

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- 1 Katz H, Borden H, Hischer D Glass particle contamination of color-break ampoules. Anesthesiology 1973; 39: 354.
- 2 Carbone-Traber KB, Shanks CA. Glass particle contamination in single-dose ampoules. Anesth Analg 1986; 65: 1361–3.
- 3 Turko S, Davies N Glass particles in intravenous injections. N Engl J Med 1972; 287: 1204.

REPLY:

Thank you for your letter. On November 12, 1999, we received information from Mr. Heffer at The Mount Sinai Hospital concerning a report of a paint fleck in an ampoule of fentanyl citrate, as a result of opening the ampoule. A reply was sent to Mr. Heffer the same day, informing him that an alternate ampoule format was currently under evaluation. Another follow-up response was sent on Jan. 26, 2000.