



FIGURE Ohmeda ear oximetry probe used for "buccal" oximetry.

measurements under these conditions, Jobes and Nicolson¹ modified an oximetry probe for attachment to the tongue. Gunter² found this technique difficult to use since the modified probe kept slipping off. He adapted a peripheral oximetry probe with a metal strip and placed it across the patient's cheek and noted improved reliability of these "buccal" measurements compared with peripheral ones.

Employing Gunter's suggestion, we have found that a clean Ohmeda (Boulder, CO) oximetry probe (no. 8122-003) designed for use on a patient's ear can be used as a "buccal oximetry probe" (Figure). We have found this location to work well in situations where oximetry probes functioned poorly when placed on a finger, toe or the ear. The ear probe requires no modification for buccal use.

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Anaesthesia and the Amazon

To the Editor:

The medicinal use of plants in ancient cultures has played a fundamental role in the development of many of the drugs which are essential to the modern practice of anaesthesia. For example, the narcotic analgesics were derived from the opium poppy, *Papaver somniferum*, the first local anaesthetic, was cocaine, developed from the use of coca leaves (*Erythroxylon coca*) by the natives of Bolivia and Peru, and the anticholinergic drugs can trace their history back to the use of extracts from the plant, *Atropa belladonna*.

Without the vine, *Chondodendron tomentosum*, and the native tribes of Guiana who used it to manufacture an arrow poison, we would not have developed curare. Griffith and Johnson¹ would not have had the opportunity to make one of Canada's most important contributions to world medicine. Without muscle relaxants, anaesthesia would be very different, and a more limited, specialty. even claimed that "the introduction of curare ... changed the basic philosophy of anaesthesia" and "appeared to stimulate the organisation of the speciality."²

Anaesthetists owe an enormous debt to the Amazonian jungle, and its native people. Now is the time to try to repay it. The Amazon and lifestyle of its native people are under threat from deforestation and industrial development. In 1988, 3.2 million acres of forest were burned for ranching, and more was destroyed for industrial use. Clearing the jungle destroys the fertility of the soil, so that agricultural projects invariably fail. If the Amazon is destroyed, one million species will be lost.³

Native groups, such as the Kayapo indians, are trying to protect their ancient homelands but they need external assistance.

What can we do? We must first put our own house in order. While Canada is destroying its old forests, we cannot hope to convince a poor and indebted nation like Brazil that we believe in conservation. If we don't listen to our native people, how can we speak for the dispossessed natives of the Amazon?

As individuals, we can lobby our elected representatives, by writing to the Hon. Lucien Bouchard, the environment minister, at Environment Canada, Ottawa, Ontario, K1A 0H3, or to the Hon. Frank Oberle, the forestry minister, at Forestry Canada, Ottawa, Ontario, K1A 0H3. We can support recycling programs, and we should ensure that the Canadian Anaesthetist's Mutual

Fund is not investing in companies which are contributing to environmental problems. More directly, we can preserve parts of the Amazonian rainforest through the World Wildlife Fund,* and so protect some areas from development.

As anaesthetists we should make our voices heard, and I believe that our society should take a stand on this important issue.

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