

aerosol "T". To scavenge waste gases, the 19 mm end of a 22 mm/19 mm OD Bird mask adapter is placed inside (shaved slightly to fit) the opening of the exhalation port of the ventilator. The distance to the active scavenging reservoir is bridged using a tubing from an anaesthesia circuit. Suction in the active scavenging reservoir is controlled with an on/off tap attached to high pressure vacuum tubing, and regulated with a hose clamp attached to a short length of patient suction tubing situated between the high pressure tubing and the small bore nipple.

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- 2 Best A, Winstone R, Murphy P. Prolonged use of isoflurane in asthma. *Can J Anaesth* 1994; 41: 452-3.
- 3 Truog RD, Rice SA. Inorganic fluoride and prolonged isoflurane anaesthesia in the intensive care unit. *Anesth Analg* 1989; 69: 843-5.

Patients prefer scented face masks

To the Editor:

Preoxygenation (nitrogen washout), prior to induction of anaesthesia is becoming routine in many hospitals, and is no longer used only before rapid-sequence induction. Use of scented oils painted onto rubber masks facilitates inhalational induction in children,^{1,2} but little attention has been given to the adult population. Clear PVC anaesthetic masks, some scented, are available as an alternative to the traditional rubber masks.

One hundred patients (47 men and 53 women) aged 17-90 years (mean 48.5 years \pm 1.98 SEM), ASA class I, II and III were randomized for non-emergency surgery to breathe oxygen for a few minutes before induction of anaesthesia through either an Ohmeda rubber face mask, or a King Systems "Fresh Scent" (mint scented). Ninety-one (40 male and 51 female) patients preferred the clear "Fresh Scent" mask ($P < 0.001$). Two patients (both men) preferred the black rubber mask and seven (five male and two female) patients had no preference. Many patients volunteered that they found the black

mask frightening. Use of the preferred mask may reduce anxiety and contribute to a more relaxed, cooperative patient facilitating smoother anaesthetic induction. The clear mask has additional advantages. The design permits simple adjustment of the cushion to ensure an airtight fit. The crown is transparent allowing monitoring of respiration and early detection of regurgitation which is especially beneficial in anaesthesia for emergency surgery. The single use mask minimises the risk of cross infection between patients or contamination of patients with potentially irritant cleaning fluids. An initial drawback may appear to be the cost of a disposable mask. However, the price of the disposable mask is approximately \$2.75-3.00 (US) compared with \$55-60 (US) for a reusable mask. Additional costs are also incurred in the cleaning and sterilization of reusable masks.

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- 1 Mather C. "Smelly agents" (Letter). *Anaesthesia* 1993; 48: 540.
- 2 Mayhew JF. "Smelly agents" (Letter). *Anaesthesia* 1993; 48: 1021.

Erratum

Archer DB, Tang TKK. The choice of anaesthetic for carotid endarterectomy: does it matter? (Editorial). *Can J Anaesth* 1995; 42: 566-70.

Please note that under the heading "Treatment" - at the top of the Table - the designations "Yes" and "No" were transposed (also in the French). The correct version should read as follows:

TABLE Risk of cardiac mortality*

	Treatment		Total
	No	Yes	
Cardiac mortality			
- No	324	318	642
- Yes	7	10	17
Total-	331	328	659

* $\chi^2 = 0.26$, $P = 0.610$.