up and over the screen will prevent separation, while greater strap tension and overhead tape pull on the support will improve jaw contact and control, which can be difficult in cases of sagging chins and receding mandibles.[1]

The apparatus cannot be left unobserved, but, compared with other devices[8,9] it is easily assembled using common theatre items, and interferes little with tucking away the tails of operative drapes cast over the screen. In most cases, the tape technique has proved effective in assisting maintenance of the airway during mask anaesthesia.

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Shivering following retrobulbar block

To the Editor:

We would like to congratulate Drs. Lee and Kwon on their excellent case presentation of "Shivering following retrobulbar block".[1] We are pleased to see that they support our hypothesis regarding the mechanism by which the central nervous system complications after retrobulbar block occur.[2]

However, in our experience shivering is not only a warning sign, it is indeed one of the protean manifestations of brainstem anaesthesia. These may include hemiparesis, aphasia, convulsions, confusion, loss of consciousness; changes in blood pressure, heart rate, and even asystole; apnoea or change in respiratory pattern; vomiting and shivering. We have observed that amaurosis, pupillary dilatation, and partial akinesia of the extraocular muscles of the contralateral eye may occur without any other signs. We consider this sign to be pathognomonic of central spread of the local anaesthetic agent and it should be looked for whenever any abnormal reaction occurs following retrobulbar block. Any one of these complications may occur singly or in combination. Many cases previously attributed to be vasovagal responses may have been episodes of central spread.

As more and more anaesthetists are now becoming involved in administering and monitoring local ophthalmic anaesthesia, a greater understanding of these complications will be reached, and we believe that better quality of patient care will then be achieved.

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