Correspondence

The College's contraceptive having deep vein phlebitis, aged 15-39, therefore occurred before the much rarer thrombosis,- we are, etc.

M. P. Vessey.

REFERENCES

1. Royal College of General Practitioners, Journal of the College of General Practitioners, 1967, 12, 537.

Awareness during Anaesthesia

Sir,-I have followed this correspondence (30 August, p. 532, and 20 September, p. 716) with interest, as in 20 years of practice of anaesthesia I have never yet suffered the fortification of discovering that a patient, supposing under general anaesthesia, was in fact awake; nor have I ever lost a baby at caesarean section where there had been an audible foetal heart beat before induction of anaesthesia. As a practising anaesthetist I am, etc.,

F. S. Keddle.

Department of Anaesthetics, Plymouth General Hospital, Plymouth, Devon.

REFERENCES


Cost of Anaesthetic Agents

Sir,-Dr. C. Langton Hewer (16 August, p. 415) rightly draws attention to the significance of the cost factor in assessing the relative merits of various kinds of drugs and treatment. He would probably agree, however, that cost becomes paramount only after it has been satisfactorily demonstrated that other factors, especially relating to patient safety, are equal. The extensive trials recently conducted by Dr. P. L. Jones and others in which the relative merits of methoxyflurane, nitrous oxide, and trichlorethylene as analgesic agents for obstetrics were compared seem to show that these factors were roughly equal, and concluded that methoxyflurane was marginally the best analgesic (2 August, pp. 255-267).

On the other hand, it has been clearly demonstrated that a subatmospheric concentration of oxygen in the inhaled mixture constitutes a serious hazard to the foetus. Furthermore, there are strong indications that an oxygen-enriched mixture is beneficial, at least to the extent that the risk of intra-partum anoxia is reduced.

Entonox (made by the British Oxygen Company) is the only mixture of nitrous oxide/oxygen (50%/50%) premixed in one cylinder available in Britain, and the accuracy and consistency of the mixture is guaranteed, using dispensing equipment which is sufficiently simple and inexpensive for use by unsupervised midwives. The importance of this in marginal situations, such as might suddenly confront the midwife, must surely merit serious consideration before progressing to the simple question of comparative cost.- I am, etc.,

M. P. Cardew.

Department of Anaesthetics, British Oxygen Company Ltd., London S. W. 19.

REFERENCE