children underwent circumcision. After such operations, the children are generally transferred to an ordinary ward where there is usually no guarantee of adequate respiratory monitoring. We are therefore of the opinion that the procedure described by these authors should not be routinely used and under these conditions we plead for caudal blocks to be performed with a local anesthetic.

For operations on the penis, the question also arises, whether it would not be preferable to use procedures with fewer side effects than a caudal block, as, for example, the penile nerve block[8,10] or the topical application of 10% lidocaine spray.[7]

Klinik für Anaesthesiologie und operative Intensivmedizin, Klinikum Steglitz der FU Berlin, Hindenburgdamm 30, 1000 Berlin 45, Germany

H.W. STRIEBEL
B. GOTTSCHALK

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Peri-operative management of diabetes mellitus

The continuous glucose–insulin–potassium (GIK) infusion regimen (Table 1) is a standard and a widely adopted technique in the peri-operative management of patients with diabetes mellitus.[1] It is stated that the standard Alberti's GIK regimen has the disadvantage of having a fixed insulin concentration, so that the entire bag must be changed each time the plasma glucose is outside of targeted values.[2,3] We would like to describe a simple technique which can overcome the above mentioned problem.

In two separate 10 ml syringes, plain insulin and potassium chloride (KCl), are prepared in the concentration of 1 unit/ml and 1 mmol/ml respectively. A 100 ml measured volume set is attached to either a 500 ml or 1 litre 10% glucose bag and 100 ml is transfered into the set. This set has also a port for adding drugs. Two mmol of KCl is added to this 100 ml of 10% glucose while the amount of insulin added is altered according to the blood glucose value (measured every one hour by a Dextrometer) as given in the table. This GIK mixture in the measured volume set is connected to an infusion pump and adjusted to deliver 100 ml/hour. Alternatively 2.4, 2.8, 3.2, 3.6 and 4 units of plain insulin may be added to 100 ml of 10% glucose for blood glucose values (mmol/litre) of < 4.4, < 6.7, 6.7–10, > 10 and > 15 respectively if one follows the 10% glucose protocol of Alberti's regimen.[4]

Table 1. Glucose – insulin – potassium (GIK) protocol.

Blood glucose mmol/litre	Fluid 100 ml/hour	Insulin U/100 ml	KCl mmol/100 ml
5–10	10% glucose	2	2
10–15	10% glucose	3	2
> 15	10% glucose	4	2

Our experience with this regimen is over 30 diabetic patients undergoing major noncardiac surgical procedures performed under general anaesthesia has yielded satisfactory results (unpublished). The ratio of insulin per gram of glucose in this protocol remains in the acceptable range of 0.2 to 0.4. This modified protocol is simple to use, cost effective and overcomes the problem encountered in the standard Alberti's GIK regimen.

Nizanis Institute of Medical Sciences, Hyderabad 500482 India

S. MANTHA
S.M. RAO

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First anaesthetics in the world

In my article "forty-six 'first anaesthetics' in the world",[1] I have inadvertently included some wrong information concerning Glasgow and Edinburgh. In the Proceedings from the History of Anaesthesia Society 1989,[2] A. G. Macdonald pointed out that Dr John Henry Hill Lewellin (1818–86) gave the first ether anaesthetic in Glasgow to a 23-year-old man for a molar extraction on 4 January 1847, in his private practice. The anaesthetic I have mentioned as the first in Glasgow took place on 10 January and was the first ether anaesthesia in the Royal Infirmary when Dr