

Correspondence

Monitoring the heart-beat

Having recently returned from 14 months as an Exchange Fellow at the University Hospital of Michigan USA I would like to concur wholeheartedly with the sentiments expressed in your May editorial (*Anaesthesia*, 1979, 34, 441-2), and particularly the last paragraph on monitoring with a chest stethoscope.

Most anesthesiologists in the United States have a personalised earpiece, similar to those used in deaf-aids, made for them. Mine was made by an audiometrician, after a 2 min sitting whilst he injected a warm wax for a mould into my ear, at a cost of \$14. A piece of drip tubing and a three way stopcock complete the apparatus which can be connected to either a chest stethoscope, a suitably sized and placed oesophageal stethoscope, or to a

brachial stethoscope for the measurement of blood pressure.

A monoaural, personally tailored earpiece ensures comfort and the ability to appreciate all other auditory stimuli, unlike the conventional stethoscope. Using an oesophageal stethoscope, changes in both cardiac and respiratory sounds, whether of rate, rhythm, character or adventitia, can be immediately detected. Many of the anesthesiologists and nurse anesthetists in the University of Michigan used this cheap, simple aid to better monitoring and I have found it extremely useful in British practice.

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Nikethamide for hiccough

Intractable hiccough is a common and often distressing problem. It is also not uncommon during abdominal anaesthesia. There seem to be as many lay remedies for it as there are for warts, and medical manoeuvres too abound. Chlorpromazine is a popular and often effective drug, but it has disadvantages. Nikethamide is another but far longer established remedy, though its use for this purpose and its effectiveness seem not to be widely known, and they are not even described in a standard text of pharmacology.¹ Two to 5 ml of the standard British Pharmacopoeia preparation administered intravenously very often suppresses the hiccough immediately. It is best given into a central venous line since peripheral injection is exceedingly painful, and this is not necessary for its effect. The patient may hyperventilate for a few moments, sneeze, cough, yawn or become slightly restless, all recognised

stimulant effects on the central nervous system.¹ If the hiccough does not respond to a dose of 5 ml, it probably will not respond at all. Moreover subsequent doses if it recurs are usually less effective. Nikethamide should probably not be used after acute brain damage.

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Reference

1. GOODMAN, L.S. & GILMAN, A. (1975) *The Pharmacological Basis of Therapeutics*. 5th edn. Macmillan Publishing Co. Inc., New York.