

**LETTERS TO THE EDITOR.**

Please submit letters to Dr I H Wilson, Editor, Update in Anaesthesia. We aim to publish those which we consider to be of interest to other readers.

Dear Sir,

*Thank you very much for Update in Anaesthesia No8.*

*Update always contains useful and applicable articles, and I particularly welcomed this issue on Paediatric Anaesthesia. In my experience, the method described by Peter Bewes for using the EMO in children is very useful. I would add that I find it is often easier and safer to first give the child an IM or IV injection of ketamine and then continue with ether, either on a face mask or with intubation. This avoids some of the problems which can occur at stage 2 and makes it easier to breathe the child down so as to be able to intubate. After intubation it is possible to ventilate the child via the T piece with one hand, and then pump the bellows with the*

*other if the theatre is short of staff. In this case a stethoscope strapped to the chest is mandatory.*

*Most places where I have worked have an EMO, an Oxford Inflating Bellows, ketamine and ether but very few have any kind of muscle relaxant. Another drawback with this method is that very few places have T-pieces, so I travel around with my own! In the area of Uganda in which I work, many of the hospitals have PAC vaporisers which can be used in the same way by replacing the EMO with the PAC.*

*Although it is best in such situations to use oxygen, unfortunately it is rarely available.*

*Please continue with Update, the advice contained is invaluable.*

Yours sincerely,

**Dr Sarah Hodges  
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Kasese  
Uganda.**

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