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 or the topical application of 10% lidocaine spray.

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References

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. 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. We would like to describe a simple technique which can overcome the above mentioned problem.

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

<table>
<thead>
<tr>
<th>Blood glucose (mmol/litre)</th>
<th>Fluid (100 ml/hour)</th>
<th>Insulin (U/100 ml)</th>
<th>KCI (mmol/100 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5–10</td>
<td>10% glucose</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>10–15</td>
<td>10% glucose</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 15</td>
<td>10% glucose</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

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.

Our experience with this regimen is over 30 diabetic patients undergoing major non-cardiac surgical procedures performed under general anaesthesia has yielded satisfactory results (unpublished).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.

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References

First anaesthetics in the world

In my article “forty-six first anaesthetics in the world", I have inadvertently included some wrong information concerning Glasgow and Edinburgh. In the Proceedings from the History of Anaesthesia Society 1989, A. G. Macdonald pointed out that Dr John Henry Hill Lewelin (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 anaesthetic in the Royal Infirmary when Dr...