Design hazard of Laerdal masks

Experience in resuscitating two patients with Laerdal masks has brought to light a design hazard in these masks. The soft rim of the mask is held in place at the nasal end by a flexible plastic button that passes through matching holes in the rim and the body of the mask (Fig. 1). If the button is left out after cleaning, a large air leak is created, and it becomes impossible to satisfactorily ventilate the patient. If the button is not placed properly through the hole in the mask but, rather, bent back and jammed in (Fig. 2), the resulting air leak is even worse, as it prevents the rim from making contact with the mask.

Once one recognizes the cause of the failure to achieve an adequate seal the remedy is simple: replace the button in its correct position. Not being aware of the possibility of this problem, however, we lost several minutes vainly repositioning the mask on an apneic patient, with significant adverse consequences, until it became apparent what the true problem was.

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Chronic fatigue syndrome

It is regrettable that the publication of an earlier letter from one of us (G.H.R.) and Dr. Jean A. Monro (Can Med Assoc J 1989; 140: 361) generated surprise (and apparent disapproval of CMAJ’s action) on the part of Dr. Ray Holland (ibid: 1016).

In expressing his disagreement with the use of the term “chronic fatigue syndrome” Holland also appears to be at odds with the US Centers for Disease Control (CDC), whose case definition for this condition1 was the main point of the earlier letter. We have no disagreement with Holland that “there are also primary psychologic causes of chronic fatigue”. However, the CDC case definition specifically calls for the exclusion of clinical conditions, including psychiatric disease, that may produce similar symptoms.

The whole issue of what triggers psychologic symptoms or illness, however, is an important related matter. Holland reports, quite rightly, that panic disorder appears to be increasingly common. As physicians we have been led to assume that panic disorder has a psychologic origin rather than identifiable extrinsic causes. At the Environmental Health Center — Dallas we have confirmed that panic attacks and other emotional responses may be reproducibly triggered by double-blind testing for sensitivities to foods, inhalants and chemicals.2 Similar behavioural effects have been seen in pesticide poisoning3 and with exposure to other environmental toxins.4 Specifically, panic attacks have been cited in the psychiatric literature as being triggered by solvent exposure.5 6

Being unable to find physical diagnoses for chronic fatigue does not necessarily mean that psychologic illness is the cause. It may simply be that our understanding of the factors precipitating the illness is far from complete. Medical history teaches us that once physical causes for “psychologic” symptoms are discovered the condition moves, as if by magic, from the psychiatric to the medical realm. A good example of this is the relief of behavioural symptoms by correction of thiamin7 or cobalamin8 deficiency.

It is our experience that a substantial percentage of chronic fatigue cases (not a minuscule percentage, as Holland suggests) may arise from or be worsened by adverse reactions to components of the patient’s total environment, such as food, inhalants and chemicals.

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