

barotrauma. Modern anesthetic ventilators such as the Datex-Ohmeda S/5™ ADU with tidal volume compensation adjusts the volume delivered by the ventilator bellow to ensure that the sum of the volume delivered from the ventilator and from the fresh gas flow equals the preset tidal volume.²

During each inspiratory phase of respiratory cycle (2.5 sec), the amount of tidal volume delivered was equal to fresh gas flow/sec (13000 mL·60 sec⁻¹) × 2.5 sec = 541 mL. This amount exceeded the preset tidal volume of 500 mL. Therefore, there was no additional delivery required from the ventilator bellows to achieve the preset tidal volume.

Anesthesiologists should be alerted to this phenomenon of ventilator bellow standstill during emergence when the inspiratory volume delivered using a high fresh gas flow is greater than or equal to the preset tidal volume on volume control ventilation.

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References

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Avoiding exacerbation of the skills exodus

To the Editor:

Dr. Ben Ammar¹ describes the conflicting needs of individuals *vs* nations in a world of vast economic and political disparities. The core value of western democracy is protection of individual rights, including security of person, economic opportunity, and choice in daily and political life. It requires the just and timely rule of law transparently administered.² Progress is driven by rewarding the competent with a greater share of society's fruits. Unsurprisingly, talented individuals seek maximal opportunities for security, full exercise of skills, and opportunities for their children.

Developing nations, on the other hand, need reinvestment of economic, including human, capital but are less attractive economically and often less secure. They need a strategy for retaining individuals who can compete successfully for places in the developed world. Coercion (force) is not acceptable to us; we call its victims refugees. Persuasion, using national pride,

contractual obligations, tribal/religious identification, or xenophobia, has mixed results, often because limited opportunity, human rights or security supervene.

The desire of successful individuals to emigrate, like the developmental failure of some resource rich countries (e.g., Zimbabwe and Zaire), has political roots. No social or economic policy will effect meaningful change without fixing the base cause. However, can Canadians avoid exacerbating the problem?

Firstly, our foreign policy should promote development of just and law abiding societies with transparent economies. Secondly, Canadian health manpower policy should not rely on migration from developing nations to supply our needs, as is currently the case. Strangely, we deny our own children appropriate opportunities to become (expensively) educated professionals while promulgating, as one response to resulting shortages, the attraction and licensing of foreign graduates (whose training we do not have to pay for). This is construed to be a form of economic colonialism. Foreign trained but unlicensed physicians already living in Canada are a resource that should not be wasted, but we should still be training enough of our own. Thirdly, on an individual level, Canadians can share their skills in developing countries, both for immediate benefit, and to validate the optimism that a better future is coming.

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- 2 Zarkaria F. *The Future of Freedom*. New York: W. W. Norton; 2004.

Anesthetic implications of Reinke's edema of vocal cords

To the Editor:

Reinke's edema (RE) also known as polypoid corditis, laryngitis, degeneration or chronic hypertrophic laryngitis^{1,2} is associated with chronic accumulation of fluid in the subepithelial compartment of the vocal fold.² The etiology of RE is not known. It is more common in females, and often associated with smoking, vocal abuse and gastroesophageal reflux disease (GERD). Unilateral RE, sometimes resembling a cyst, may be associated with vocal cord paresis. RE can be