

newer long-acting local anesthetics, bupivacaine or etidocaine, is sufficiently prolonged to meet most clinical requirements. Furthermore, the treatment of postoperative thoraco-abdominal pain by intercostal nerve blocks, the primary use for a dextran-local anesthetic mixture, is declining and maybe supplanted altogether by epidural or intrathecal narcotics.

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More Experience with Intrathecal Morphine for Obstetric Analgesia

To the Editor:—We read with great interest the recent report by Baraka *et al.* in ANESTHESIOLOGY.¹

Last year we undertook a similar clinical investigation on 13 healthy parturients with term pregnancies who received intrathecal morphine for the relief of their labor pain. The first group of six patients received intrathecal injection of 2 mg morphine sulfate in 1 ml cerebrospinal fluid and only one patient reported a 60 per cent reduction of her labor pain as evaluated by verbal interview as well as visual analogue score in the subsequent 60 min observation.

The second group of seven patients received intrathecal injections of 2 mg morphine sulfate in 4 ml 0.9 per cent saline (isobaric solution with specific gravity of 1.007), and to our great surprise all except one patient in this group obtained 75–90 per cent pain relief lasting 20–36 hours. Our experience with this second group of patients is similar to that reported by Dr. Baraka and his associates.

We unfortunately were unable to pursue our study further because we too observed a disturbingly high incidence of pruritis (73 per cent), vomiting (66 per cent), somnolence (60 per cent), and urinary retention (40 per cent) which were deemed unacceptable to our patients as well as to our obstetric colleague. Furthermore, in another unrelated postoperative pain study we encountered two alarming incidents where a 26-year-old female patient with postoperative pain developed bradypnea and cyanosis 8.5 hours after intrathecal administration of 2 mg morphine sulfate, and a 20-year-old male patient with a hip fracture developed severe respiratory depression 11.5 hours after intrathecal injection of 1 mg morphine sulfate. Our observation coincided with those reported in the literature.^{2–6}

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Theoretically, the prolonged analgesia provided by intrathecal morphine would be ideal for labor pain since it does not cause any motor, sensory, or sympathetic blockade. However, one must bear in mind the questionable safety of this technique, especially in regard to the unpredictable yet potentially lethal complication of delayed respiratory depression which is beginning to appear in the literature worldwide as experience with intrathecal morphine administration expands with increasing number of patients.

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