and following administration of the volatile anesthesics have not been determined so far. This study has pointed out that the antagonism of vecuronium paralysis by neostigmine will probably restore, within 15 min, train-of-four ratios above 75%. Nevertheless, it is quite evident that the safety margin of the neuromuscular transmission is not always reset by neostigmine at the same level, depending on the nature of the anesthetic regimen used. According to this, the observation of different motoneuronal stimulation patterns, including high tetanic stimulation rates, seems mandatory in any clinical trial devoted to detect slight residual impairments of the neuromuscular transmission.

From a practical point of view, one must underline that the present results may not reflect exactly the day-to-day routine where, at the end of anesthesia, the end-tidal concentration of the halogenated vapors are generally decreased below 1 MAC when paralysis reversal with anticholinesterasic agents is performed.

In conclusion, we found mean trains-of-four above 75% at 15 min following the administration of 40 μg/kg neostigmine iv given at 25% of spontaneous twitch height recovery during anesthesia with F/N_2O; HAL, ENFL, or ISO. Depending on the halogenated anesthetic received, the recording of a train-of-four above 75% is not necessarily accompanied, for the adductor pollicis muscle, by the recovery of a normal neuromuscular transmission, as profond tetanic fades are yet recordable, especially during ENFL and ISO anesthesia.

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Erratum

In a Clinical Report (Kessler MR, Eide T, Humayun B, Poppers PJ: Spurious oximeter desaturation with methylene blue injection. ANESTHESIOLOGY 65:435–436, 1986), figure 2 was adapted from a chapter in a book (Kirk-Othmer, Encyclopedia of Chemical Technology, volume 5. Edited by Mark HF, McKetta JJ Jr, Othmer DF. New York, John Wiley & Sons, Inc., 1964, p 764). The legend for figure 2 should also include the statement: Reprinted by permission of John Wiley & Sons, Inc., Copyright ©1964 by John Wiley & Sons, Inc. On behalf of the authors, ANESTHESIOLOGY regrets any inconvenience caused by this omission.

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