to know the doses of succinylcholine used in the MMR patients as compared with the "normals," the time interval between the administration of succinylcholine and attempted intubation, and whether jaw tightness was confirmed by a second anesthesiologist.

Because in all but one of the cases in her series the surgery continued, it would appear that jaw relaxation did occur and that intubation was possible. The duration of MMR, therefore, would also be of interest.

While the associations between strabismus surgery, MMR, and MHS remain to be fully elucidated, we agree with the opinion expressed by Rosenberg that (certainly in the strabismus surgical population) succinylcholine is a drug that should now be reserved for specific indications.[7]

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In Reply:—In our patients with masseter muscle spasm, the average dose of succinylcholine was 1.17 mg/kg, and no patient received more than 1.6 mg/kg. This is a conservative dose, consistent with a dose of 1–2 mg/kg in use in our department at the time. Unfortunately, we cannot report the interval between succinylcholine administration and onset of masseter spasm. Finally, jaw tightness was not consistently confirmed by a second anesthesiologist. The old records are unclear on this point which, of course, is a problem with retrospective chart review.

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Modified Anesthetic Screen for Pediatric Surgery

To the Editor:—The conventional anesthetic screen divides the operating table into two areas; *i.e.*, a clean working area for the surgeon and a working area for the anesthesiologist. The position of the screen is critical when we are working on small infants, especially during tho-

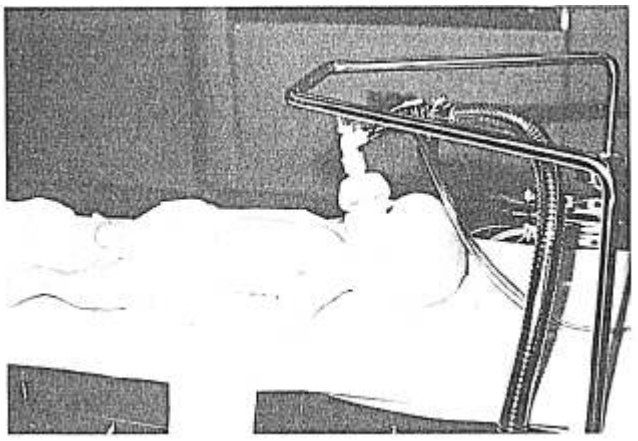

FIG. 1. Modified anesthetic screen positioned on the table.

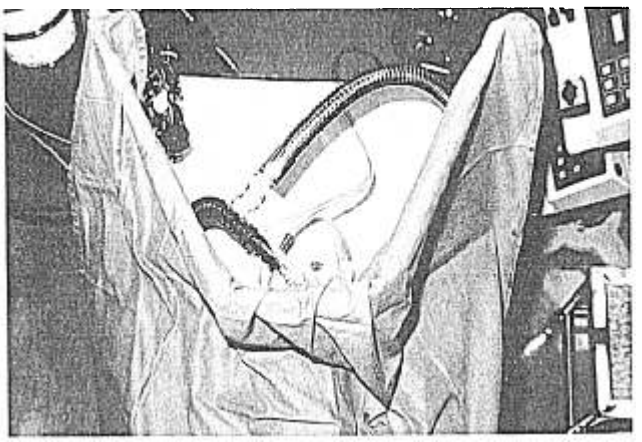

FIG. 2. Draped screen.