

vecuronium over succinylcholine when rapid sequence endotracheal intubation is required.

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Anesthesiology
72:212, 1990

In Reply:—Our study was not intended to compare vecuronium with succinylcholine for rapid sequence induction of anesthesia. Our objective was to assess the speed of onset of high-dose vecuronium and the duration of these larger doses in a controlled situation. We demonstrated that the speed of onset of vecuronium was reduced from 208 ± 41 s with 100 $\mu\text{g}/\text{kg}$ to 106 ± 35 s with 400 $\mu\text{g}/\text{kg}$. The times given in this article are until T_1 reached 0% of control as measured by an electromyogram. This provides the information required for a clinician to make an informed decision on what dose of vecuronium is optimal to use for each particular situation. A study using the same technique (performed by one of the authors of the vecuronium study) demonstrated that following 1.5 mg/kg of succinylcholine, the time until $T_1 = 1.6\%$ of control was 100 s.¹ Thus we feel that the statement made in our article, "vecuronium may be used as an alternative to succinylcholine for rapid sequence of general anesthesia," is valid. However, to establish the advantages of high-dose vecuronium to succinylcholine will require a controlled, double-blind study.

Anesthesiology
72:212, 1990

Postoperative Care following Intrathecal or Epidural Opioids. I.

To the Editor:—The use of intrathecal morphine for the treatment of postoperative pain is an excellent modality to use for pain control. It joins a variety of medicinal combinations used, both epidurally and intrathecally, that are rapidly approaching a level of acceptance in the surgical community as the standard of excellence. Unfortunately, they may not be the standard of care because of the cost generated in monitoring these patients in intensive care settings.

As the current Chief of Staff, member of the Hospital Board of Directors, and chairman of our hospital committee responsible for resource use and cost control, I am involved daily in defense of these procedures and costs. As we all know, cost is a valid and real concern in the current setting of medical practice today. Until these methods can be used with less intense, *i.e.*, cheaper monitoring requirements, the real medical expense as well as the medical legal exposure presents a real barrier to their widespread use in large numbers of patients. Research is needed in this area.

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REFERENCE

1. Ginsberg B, Glass PS, Quill T, Shafron D, Ossey, KD: Onset and duration of neuromuscular blockade following high dose vecuronium administration. *ANESTHESIOLOGY* 71:201-205, 1989

(Accepted for publication October 9, 1989.)

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REFERENCE

1. Glass PSA, Wilson W, Mace JA, Wagoner R: Is the priming principle both effective and safe. *Anesth Analg* 68:127-134, 1989

(Accepted for publication October 9, 1989.)

Since the advent of aggressive governmental control of costs in medicine, hundreds of hospitals have closed and many more are in similar jeopardy. In order for these pain-control modalities to be widely accepted and widely used, less intensive monitoring and care must accompany them rather than mandatory ICU stays.

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(Accepted for publication October 9, 1989.)