payments. Indeed, the income from the annual meeting allows the ASA to keep its dues structure lower than that of many professional organizations.

The ASA imposes no unreasonable financial demands on the exhibitors at its annual meeting. Furthermore, no exhibitor expends $500,000 for the exclusive purpose of a display at the ASA annual meeting. Most displays are used many times for other meetings. Some exhibits include *very* expensive anesthesia delivery systems (machines) and monitoring devices that cannot be included in the actual cost of exhibiting. An exhibiting company that chooses to send 20 or more people to the meeting clearly has the option of sending a smaller delegation.

Next we come to the bells and whistles aspects of commercialism. I refer to the pens, flashlights, butterscotch candies, *etc.* that work a disturbing magic upon the intellect and behavior of the scientific pilgrims who seek knowledge and spiritual enrichment on the floor of the exhibit hall. The ASA imposes significant restraints upon the activities of those companies that participate in its annual meeting as regards receptions, galas, and "perks." It is difficult to achieve a balance that satisfies the needs of all our members and at the same time serves the legitimate commercial interests of our colleagues in industry. It is an open market economy, and we are part of it.

The excesses on both sides of the equation—the rapacious response of our members to shiny objects and cocktail wieners, and the seductive blandishments of salesmen determined to corrupt the conscience of humankind—should be restrained. Whether this is best achieved by regulation or moral persuasion is an open question.

Let's try moral persuasion: I call on all those involved to put economy and value before personal benefit. Our patients deserve it.

Peter L. McDermott, M.D.
President, ASA
141 La Patera
Camarillo, California 93010

(Accepted for publication January 6, 1993.)

Anesthesiology
78:799, 1993

Does Diabetes Reduce Local Anesthetic Requirement?

To the Editor:—Kalichman's laboratory has pioneered sophisticated neuroanatomic techniques quantitating nerve injury from exposure to local anesthetics. And they show that nerve of streptozotocin-treated rats is injured more severely by lidocaine than by saline.[1] The 4% lidocaine solution appears particularly damaging and, perhaps for that reason, is restricted to surface (topical) application in humans and labeled "not for injection."

My quibble is one of implication. It is not whether streptozotocin produces hyperglycemia (clearly, blood sugar level was increased 2.5 times that of control), but whether hyperglycemia necessarily implies diabetic neuropathy—a segmental demyelinating or axonal degenerative process of slow onset (in humans).[2] The author's figure 6, for instance, depicts well myelinated, densely packed intact fibers, a ". . . normal-appearing diabetic rat nerve . . ." per the legend.

Muscle action potential amplitude appears to have more than doubled by streptozotocin treatment (amplifier sensitivity was reduced from 200 μV to 500 μV in fig. 1). Could reduced recorder sensitivity perhaps explain the apparent enhanced potency of procaine (but not of lidocaine) in hyperglycemic "diabetic" rats?

This still leaves unresolved whether 1% lidocaine or procaine is more neurotoxic in treated than in untreated rats, and whether the outcome was due to increased serum glucose levels or whether the results reflect the subtle neurotoxicity of streptozotocin. One wonders ". . . whether these empiric findings in animal models have a clinical parallel."

Rudolph H. de Jong, M.D.
Professor of Anesthesiology
Department of Anesthesiology
Jefferson Medical College
Ben Franklin House
Suite T 150
834 Chestnut Street
Philadelphia, Pennsylvania
19107-5127

References

1. Kalichman MW, Calcutt NA: Local anesthetic-induced conduction block and nerve fiber injury in streptozotocin-diabetic rats. ANESTHESIOLOGY 77:941–947, 1992

2. Lewis MS, Hill CS, Warfield CA: Medical diseases causing pain, Practical Management of Pain. Edited by Raj PP. St. Louis, Mosby-Year Book, 1992, pp 329–342

(Accepted for publication January 7, 1993.)