

Finally, the discussion of histamine-N-methyltransferase, the major enzyme of histamine catalysis, misrepresents published data. Although Laxenaire *et al.* are correct in stating that all relaxants can cause noncompetitive inhibition of histamine-N-methyltransferase and that its clinical significance has yet to be determined, the pharmacology of this inhibition has been well described by Harle *et al.* and by our group.^{12,13} We first noticed this effect some years ago during the clinical trials of vecuronium but were unable to document it rigorously until the enzyme was sufficiently purified. We revisited the subject when several cardiac patients receiving slow infusions of vancomycin sustained precipitous hypotension after vecuronium was administered. Laxenaire *et al.* are correct in stating that all neuromuscular blocking agents, as well as a number of anesthetic drugs and adjuvants, can inhibit the enzyme, but the concentrations required for inhibition far exceed those that would be used clinically except for vecuronium, where the effect becomes manifest at 0.1–0.2 mg/kg.^{12,14} Even then, our initial predictions were that this effect would be observed for 20–30 min after administration.

Laxenaire *et al.* have performed a tremendous service for anesthesia in their epidemiologic studies, but they have not responded to Doenicke's question to their conclusion about atracurium. As for the editorial banner, I would still like to see *direct and convincing* evidence demonstrating that anesthetic drugs that are relatively modest histamine releasers pose a greater risk in patients with a history of allergy or asthma before imposing a practice recommendation. In my own practice, I am persuaded that anesthetic depth and skill of the anesthesiologist may be more important than drug selection. At this point in the evolution of our literature, it would seem unjustified to place additional constraints on routine anesthetic practice without having sound outcome studies.

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Editorial Comment:—Dr. Moss's comments regarding the editorially assigned title to the letter from Doenicke¹ are absolutely correct. In neither the letter nor the article upon which the letter was based² was there a sufficiently compelling cause-effect relationship to justify the title, "Atracurium Is Contraindicated in Patients with a Known Allergy to Drugs." In fact, the title assigned by the Editor was similar to that suggested by Moss, "Is Atracurium Contraindicated in Patients with a Known Allergy to Drugs?" but was altered in the editorial process and unfortunately not detected before publication. An erratum is included in this issue of the Journal.

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