CORRESPONDENCE

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In Reply—In our previous research, we showed a dissociation between explicit and implicit memory in surgical patients who experienced adequate anesthesia with isoflurane.* The purpose of our most recent study was to determine whether a similar dissociation could be observed with other anesthetic regimes. For this purpose, we restricted our analysis to those patients who, like the vast majority of surgical patients, showed no explicit memory whatsoever for any aspect of their surgical experience, including the words presented on the audiotaape, as measured by a test of free recall. We were somewhat surprised to find that some of our patients anesthetized with sufentanil/nitrous oxide displayed hints of explicit memory for surgical events; but our protocol, which was designed to provide a replication of our isoflurane study (in which no such hints were apparent), required that these patients be eliminated from statistical analysis. To repeat our findings: with isoflurane, implicit memory was spared to some degree in patients for whom explicit memory was abolished entirely; however, when sufentanil abolished explicit memory, it also abolished implicit memory. This direct comparison, removed from our paper at the request of the Editor to avoid publication repetition, is documented elsewhere.2

Unfortunately, we have no way of gauging the accuracy of these particular patients' "vague, dreamlike" reports. For the most part, they were generic thoughts and images that could pertain to any surgical procedure; perhaps it was inaccurate to refer to them as "recollections," but they were made in response to a question about memory, so to be conservative, we characterized them as such. (We hasten to add that all of these patients were adequately anesthetized according to standard clinical criteria, none of them reported anything more than a fleeting impression, and none of them found their recollections—if indeed that is what they were—to be disturbing in any way.)

As we noted in our paper, we suspect that the occurrence of these apparent recollections was due to our elimination of benzodiazepine premedication—again, following the procedure used in our isoflurane study. Certainly there was nothing remarkable about the patients' illnesses or the progress of their surgeries. The fact that isoflurane without benzodiazepine abolishes explicit memory reliably, but sufentanil administered under the same circumstances does not always do so, is a finding of some theoretical and practical interest, but further research is required to define it more precisely. In any event, nothing in our research justifies the speculation that "patients remember what is important to them," as suggested by Doering: presumably the details of surgical procedures are important to all patients who undergo them, regardless of the anesthetic agents employed; yet most patients remember nothing at all.

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Partially Paralyzed: A Personal Experience

To the Editor—I was one of the volunteers partially paralyzed to a T3-T4 ratio of 0.2 with atracurium in the study reported by Sharpe et al.1 During the first phase of this study, I was lying supine. While in that position, I found it difficult to lift my limbs off the bed. All attempts to do so failed in midcourse. Although my tongue was lying limp in my throat, I was not choking. Difficult phonation was not due to inability to breathe but to not being able to lift my lips off my teeth, so that I could only sip. I could not focus my eyes, but I did not have diplopia.

At the end of the study, I was turned onto my right side. In that position, I could move my arms freely and kick my legs with ease, as long as I confined all movements to the plane of the bed. I could purse my lips again, and my speech cleared. My vision improved also, particularly