and meperidine) were used by Jackson et al.,* transdermal scopolamine was found to be an effective antinausea and antiemetic even in patients having different types of surgery. These limited studies on the prophylactic use of transdermal scopolamine suggest that its effectiveness may be affected by the dose and potency of analgesics used.

B. J. HENDLEY, B.E., C.Eng., M.B.  
Anaesthetic Registrar  
Anaesthetic Department  
St. Georges Hospital  
Blackshaw Road


Anesthesiology  
74:199, 1991

In Reply—It has been known for decades that opioids induce nausea and vomiting. As Dr. Hendley points out in his letter, it is logical to conclude that this effect is dose-dependent. Clinically, one hopes that there exists an optimal opioid dose that reduces pain and pain-induced nausea and vomiting without triggering opioid-induced nausea and vomiting. However, little data exist to support either of these notions. Although Bellville1 suggests that low doses of meperidine may actually reduce nausea and vomiting and that higher doses result in the opposite, most evidence indicates that the use of opioids in anesthesia increases the risk and incidence of nausea and vomiting. Hence, often the recommendations are that antiemetic therapies be routinely applied when opioids are administered.

Until anesthetic agents are developed that can duplicate the benefits (whether real or only perceived) of intraoperative opioids and supplant the use of opioids as analgesics and anesthetics, the anesthesiologist should strive to know and apply the many available approaches to reducing nausea and vomiting. Scopolamine administered transdermally has had much success in abating motion sickness associated with air and sea travel. The simplicity and low cost of transdermal scopolamine for the reduction of postoperative nausea and vomiting should make it desirable for patients at high risk for emesis after elective surgery.

PETER L. BAILEY, M.D.  
Department of Anesthesiology  
University of Utah School of Medicine  
50 North Medical Drive  
Salt Lake City, Utah 84132

REFERENCES

(Accepted for publication October 16, 1990.)

Anesthesiology  
74:199, 1991

Herpesvirus Infections and Intraspinal Opioids

To the Editor—The article by Crone et al.1 turns a cold cheek to the widespread embrace by the specialty of the use of epidural and intrathecal opioids and opiates in the treatment of pain. The reactivation mechanism for dormant herpes labialis (HSV 1) remains obscure, but the association with epidural morphine administration is high. Until further prospective studies can be done, perhaps individuals who have a history of more sinister herpesvirus infection (ophthalmic herpetic infections or herpetic encephalitis) should be considered unacceptable candidates for injection of epidural and intrathecal opioids and opiates.

MICHAEL BERIAULT, M.D.  
Department of Anesthesia  
Grace Hospital Women’s Health Centre  
Calgary, Alberta  
Canada T2M 0R4

REFERENCE

(Accepted for publication October 16, 1990.)