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In Reply.—We have been using continuous low-dose epidural morphine infusion for treatment of postoperative pain since 1983. With this technique, due to the lack of sedation, some patients require additional low doses of tranquilizers to fall asleep at night. Even with an increased epidural morphine dose, sedation could not be achieved. For this reason, the mild degree of sedation with epidural fentanyl or alfentanil infusion has proved desirable for the patients. On a scale of 0–4 (0 = no sedation, 1 = mild sedation, 2 = moderate sedation, 3 = severe sedation, asleep but arousable, 4 = asleep, not arousable), none of these patients had a score exceeding 1. They have been cooperative throughout the treatment, showing no signs of any tension. A greater degree of sedation would certainly not be of advantage for the reasons Bledsoe and Ready state in their letter.

In a randomized single blind study, we established that there was no significant difference in the morphine usage up to 8 A.M. on the first postoperative day regardless of whether the pain treatment commenced immediately after the operation, or whether we waited until the patients complained of severe pain. Nor was there a difference when the initial bolus of 2 mg morphine was administered in a volume of 10 ml or a volume of 1 ml prior to continuous on-demand epidural infusion of morphine for continuous pain relief (fig. 1). We therefore agree that postoperative treatment should commence as early as possible to spare the patients pain. However, the circumstances in our hospital make it difficult to initiate postoperative pain treatment in the operating theater. For this reason, it might be desirable to begin with a faster-acting analgesic when the patients arrive on the ward and complain of severe pain.

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Underdosage with Succinylcholine May Lead to Incorrect Diagnosis of Masseter Spasm in Children

To the Editor.—In their paper on the effects of succinylcholine on mouth opening in children, Van der Spek et al. showed that there was an increase in tone in the jaw muscles following succinylcholine at a time when the twitch response in muscles of the upper limb was absent. They suggested that this indicated a fundamental difference in response to succinylcholine between jaw muscles and limb muscles, but as tension measurements were performed only on jaw muscles this conclusion is invalid. Data from our recent study on the actions of succinylcholine in pediatric patients provide evidence of a corresponding increase in tone occurring in muscles of the thumb.

Figure 1 shows a typical train-of-four tension recording obtained from muscles of the thenar eminence in an infant during succinylcholine

![Diagram of mean morphine usage (±SEM) until 8 A.M. on the first postoperative day using continuous, on-demand epidural infusion of morphine following an initial bolus epidural injection of 2 mg morphine in 10 ml or 1 ml saline when the patients complained of severe pain, or of 2 mg morphine in 1 ml saline immediately after the operation.](http://anesthesiology.pubs.asahq.org/pdfaccess.ashx?url=/data/journals/jasa/931370/ on 10/11/2018)