as the 1986 meeting of the American Society of Anesthesiologists. Maternal and fetal heart rate changes with the intravenous injection of either 15 µg of epinephrine or normal saline were examined. Fetal distress was noted in 2/10 patients given epinephrine, and in none of ten patients given normal saline ($P = 0.47$). In other words, these events could have occurred by chance. No negative conclusions can be drawn about the safety of 15 µg of intravenous epinephrine in laboring parturients with this information.

Dr. Robinson postulates that “if systemic vasodilation does occur in pre-eclampsia, this may steal blood from the placenta,” and implies that any improvements in interstitial flow occurring in preeclamptic patients after peridural blockade result from reduction of high levels of circulating catecholamines. However, the vasodilating properties of peridural anesthesia are well known. Since this occurs even in subjects who are not acutely stressed, it probably has little to do with reduction of high levels of circulating catecholamines. There is no reason to believe that preeclamptic parturients will not respond with vasodilation as well. It has been documented that interstitial blood flow improves significantly in preeclamptic patients given peridural analgesia without epinephrine.

Clearly, no placental steal occurs with the vasodilation of peridural analgesia.

As noted in our response to the letter of Drs. Costin and Millikin, we have administered local anesthetics with epinephrine into the peridural space of several preeclamptic patients without ill effect in any instance, and we do not believe it is harmful when used correctly.

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**Atracurium for Open Eye Injuries**

To the Editor—Badrinath et al. reported that anesthesia induced with large doses of iv anesthetics in conjunction with atracurium 0.6–0.8 mg/kg provided excellent intubating conditions with minimal changes in intraocular pressure (IOP), and recommend this technique for the management of patients with open eye injuries. However, the median intubation score in five of their seven patient groups indicated that coughing may have been present during intubation. In two groups, at least one patient experienced bucking, coughing, and straining. Such responses to intubation may cause dramatic transient increases in IOP not measured in this study that are not desirable in patients with open eye injuries. Atracurium in these doses apparently does not consistently provide acceptable intubating conditions for these patients during rapid-sequence induction.

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**REFERENCE**


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