Intrathecal Morphine

To the Editor: — Dr. Alper, in his editorial relating to intrathecal morphine, failed to take his musings to their logical conclusion. Having listed the advantages of intrathecal morphine, he cast a shadow of doubt over the method by pointing out the necessity for lumbar puncture and the possibility of postspinal headache. The logical conclusion may be to use epidural opiates, since if they were shown to be equally effective, many of the objections against intrathecal morphine would be overcome. Preliminary results, however, have not been encouraging. Morphine, 2 mg, in 10 ml saline solution, given epidurally, has been found to be ineffective in relieving the pain of labor. I have found meperidine, 25–50 mg, similarly diluted, to be effective, but of short duration of action. Increasing the dose increases the duration of action but defeats the object of using small doses so that effects on the fetus and neonates are minimized. Ways of increasing the duration of action of small doses of meperidine are actively being explored.

I am sure that epidural opiates, so effective in relief of chronic pain and postoperative pain (unpublished observations), have a place in the relief of pain in labor, but there is little doubt that larger doses are needed epidurally than intrathecally, and whether this balances the necessity for dural puncture, only time and further studies will tell.

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References

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Regional Anesthesia by Nurse Anesthetists

To the Editor: — Dr. Ravin’s review of Regional Blocks for Nurse Anesthetists, A Technical Manual (Anesthesiology 50:378, 1979) brings a breath of fresh air to the continuing dissent between nurse anesthetists and physician anesthetists. His plaudits of the first paragraph correctly assess the ability of the nurse anesthetists to safely administer regional anesthesia.

However, the strongest accolade is found in the underlying message of the reviewer: the Robert’s text is not up to the skills and knowledge possessed by those for whom the book was presumably written.

Dr. Ravin’s support of the nurse anesthetist is gratifying, and it is hoped, might begin to mend the rift between our groups. Excellence in anesthesia and patient care will be the product of physician anesthetist’s confidence in the nurse anesthetist.

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