dicate that SCh is the drug of choice to produce uncomplicated surgical relaxation." The meaning of "uncomplicated surgical relaxation" is not clear, but it cannot be concluded from their work that SCh is the drug of choice, even for "clinical practice" on frogs.

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To the Editor:—Dr. Galindo's criticisms and comments concerning our paper touch on several points. The first is whether work from the basic science laboratory can have application and significance in clinical anesthesiology. We think that the answer to this is "Yes," and that many anesthesiologists are aware of the vast body of accumulated data which supports this view. One of us has commented at length about the relationship between basic science and clinical medicine (W. L. Nastuk: "Clinical Pharmacology of the Neuromuscular Junction," ANESTHESIOLOGY 31:3, 1969) and there is no need to repeat these remarks here. If Dr. Galindo thoroughly rejects the above thesis we might be led to assume that he regards the results from his own laboratory as having negligible value for the clinical practice of anesthesia.

As is well known and accepted, sufficient depolarization of the postjunctional muscle membrane will block neuromuscular transmission. It is also well known that transmission block can be produced by desensitizing postjunctional membrane receptors. It is conceivable that these two effects can be produced in different proportions by various depolarizing quaternary ammonium compounds. Because depolarization is more quickly and easily reversed than desensitization, we supposed that quaternary ammonium blocking agents which are relatively powerful depolarizers and perhaps weak desensitizers would be more favorable candidates for clinical use. We concluded that this rather elementary idea was supported by the evidence in our paper. Dr. Galindo does not agree with our conclusions but he gives no specific criticism of our presented work and therefore we cannot respond. The reader will have to judge the validity of the conclusions from the evidence we presented.

We believe that postjunctional membrane depolarization is substantial when succinylcholine or C10 is administered to the human. The muscle fasciculation produced under these circumstances is indirect evidence for such depolarization. However, we know of no published research, including Dr. Galindo's, which reports direct measurement of the membrane potentials in human muscle fibers under such clinical conditions. Until such evidence is available one must use as guideposts the reasonable extrapolations from basic science experiments conducted under controlled conditions.

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