

A single stimulus should not be repeated oftener than once per 10 seconds to avoid depletion of acetylcholine stores in the nerve terminals. The duration of the single stimulus should not exceed 0.1 millisecond. The stimulus should be made supramaximal by setting stimulator output voltage to twice that which causes maximum evoked response. Repetitive stimulation should not be oftener than once in 10 minutes and should not exceed 1 second in duration. A grounding strap should be applied to the skin between the stimulating and the recording areas. The hand should be positioned in full extension and approximated to a splint to limit motion. When using the adductor pollicis brevis, the thumb should be in full abduction.

Patient information should include weight, height, estimates of obesity or muscularity, core temperature, duration of surgical and anesthetic procedures, and total amount of all anesthetic agents administered per unit time.

I believe discussion of this standard technique could be the beginning of a universally accepted protocol for studies of this type.

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REFERENCES

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anesthetized man following curarization. ANESTHESIOLOGY 38:212-223, 1973

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To the Editor:—We agree that there would be a value in the adoption of a standard technique in the study of neuromuscular transmission in man. In fact, we believe that our paper has presented the principles underlying the rational choice of a study technique. We would oppose any element of compulsion however, whether that of colleagues, reviewers or editors.

Whether Dr. Gissen's specific suggestions are acceptable to the majority of workers in this field should best be discussed at a workshop called for the purpose. We invite Dr. Gissen to take the lead in organizing such a workshop, perhaps at the next ASA meeting, which we would be pleased to attend. It would seem that invitations should be issued to those who are actively publishing in this field, while others who wish to attend and contribute should be welcomed.

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Duration of Action of Fentanyl

To the Editor:—It is generally accepted that the pharmacologic effects of fentanyl are almost identical to those of morphine except for its shorter action. Evidence to support this shorter action is derived from animal data, since no data from man compare duration of any action of fentanyl with that of any other potent analgesic. The question of relative duration of action is particularly relevant to the use of narcotic-supplemented general

anesthesia for cardiac surgery, where the choice of analgesic supplement should relate to the desired duration of ventilation postoperatively.

Forty-four patients who underwent aortic-coronary saphenous-vein bypass grafts with cardiopulmonary bypass were studied. All were male, 50 to 60 years old, and weighed between 65 and 85 kg. All received meperidine, scopolamine, and pentobarbital for pre-