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Ketamine for Obstetric Delivery

To the Editor:—Dr. S. Galloon's recent article "Ketamine for Obstetric Delivery" (ANESTHESIOLOGY 44:522–524, 1976) cites our article containing a report of our experience with ketamine (Anesth Analg (Cleve) 53:284–287, 1974) by erroneously stating "Akamatsu *et al.* used a total dose of 100 mg in 80 parturients . . ." implying that 100 mg was used in all of 80 parturients. Apparently, Dr. Galloon overlooked the data in Table 1 of our article, which lists a dosage range for nullipara of 12.5 to 100 mg, with a mean or average dose of 38.3 mg, while multipara received a dosage range between 12.5 and 50 mg with a mean dose of 32.4 mg. Mean doses per kilogram of body weight were 0.5 and 0.4 mg, respectively. We, as well as other investigators cited by Dr. Galloon and others not cited in the article, agree with Dr. Galloon's conclusion that the uterine and neonatal effects of ketamine appear to be dose-related and that the total dose prior to delivery should not exceed 0.5 mg/kg. Although we also agree with him that ketamine is "less than the ideal" anesthetic for vaginal delivery, we believe that the use of low doses (*i.e.*, 0.5 mg/kg or less) can be both effective and safe for the mother and newborn when rapid and profound analgesia is necessary. Such circumstances include the need to provide analgesia for an immediately impending delivery as obtained in parturients arriving in the delivery room with the head crowning or in those in whom the second stage of labor is unexpectedly so rapid as to preclude the use of more time-consuming methods of analgesia.

T. J. AKAMATSU, M.D.
Department of Anesthesiology
EE640 University Hospital
University of Washington
Seattle, Washington 98195

J. J. BONICA, M.D.
Department of Anesthesiology
BB1459 University Hospital
University of Washington
Seattle, Washington 98195

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Methylprednisolone and Renin–Angiotensin

To the Editor:—Drs. Tinker and White,[1] in discussing the article by Bailey *et al.*,[2] asked whether 30 mg/kg methylprednisolone could acutely effect adrenal catecholamines or the renin–angiotensin system. To answer their question more adequately, we cannulated 300-g male Wistar rats that were receiving either normal or low-sodium diets. Blood pressure was continuously recorded from an arterial catheter and a control renin blood sample obtained. Methylprednisolone, 30 mg/kg, was then injected. Blood pressure and heart rate in these awake animals did not change significantly from control. Renin activity determined one hour after injection was unchanged from control in the high renin–low salt animals and in the normal renin–normal salt animals. The renin–angiotensin system is not acutely influenced by massive doses of methylprenisolone in the awake rat.

EDWARD D. MILLER, JR., M.D.
Assistant Professor of Anesthesiology
University of Virginia Medical Center
Charlottesville, Va. 22903

REFERENCES

1. Tinker JH, White RD: Methylprednisolone and renin–angiotensin mechanisms. ANESTHESIOLOGY 43:696, 1975
2. Bailey DR, Miller ED, Kaplan JA, et al: The renin–angiotensin–aldosterone system during cardiac anesthesia with morphine–nitrous oxide anesthesia. ANESTHESIOLOGY 43: 538–544, 1975

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