

not contraindicated in epileptic patients. Thiopentone remains the intravenous induction agent of choice for epileptics.

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*In reply:*—We are grateful to Drs. Allen and Male for describing additional cases of seizures occurring after the administration of methohexital to patients with epilepsy. The necessity for intubation of one child emphasizes the serious consequences which may potentially arise. It is true that these complications can usually be managed by a competent anesthetist. Nevertheless, Drs. Allen and Male agree with our original report<sup>1</sup> that methohexital may induce seizures in certain patients with seizure disorders and that thiopental is a preferred induction agent for epileptic patients.

Although excitatory effects of barbiturates are seen occasionally in children, the precipitation of seizures is not limited to young patients. The references in our report as well as those by Drs. Allen and Male include cases of convulsions and EEG activation in patients of all ages. Furthermore, their deprivation of anticonvulsant medication in known epileptics prior to methohexital anesthesia (which resulted in grand mal seizures in two of 48 patients) seems unwise and dangerous. The occurrence of a seizure after methohexital administration to one of the patients we described led the attending neurologist to discontinue phenobarbital, resulting in the elimination of clinical seizures in this patient.

Finally, Drs. Allen and Male question the safety of the rectal administration of ultrashort-acting barbiturates for the induction of anesthesia when the supine position is to be used. At the Massachusetts General

- REFERENCES
1. Rockoff MA, Goudsouzian NG: Seizures induced by methohexital. *ANESTHESIOLOGY* 54:333-335, 1981
  2. Galley AH: Methohexitone. *Proc R Soc Med* 56:377-378, 1963
  3. Galley AH: Fits and faints. *Proc R Soc Med* 59:734-738, 1966
  4. Goldman V: Methohexitone and epilepsy. *Br Dent J* 126:109, 1969
  5. Boston V, Unkles R: Methohexitone and epilepsy. *Br Dent J* 126:394, 1969
  6. Ryder W: Methohexitone and epilepsy. *Br Dent J* 126:343, 1969
  7. Redish CH, Vore RE, Chernish SM, et al: A comparison of thiopental sodium, methitural sodium and methohexital sodium in oral surgery patients. *Oral Surg* 11:603-616, 1958
  8. Male CG, Allen EM: Methohexitone-induced convulsions in epileptics. *Anaesth Intensive Care* 5:226-230, 1977
  9. Goldie L, Fried Y, Gould T, et al: Electroencephalographs in the subnormal and mentally ill child. The use of methohexitone. *Anaesthesia* 23:364-371, 1968
  10. Whitwam JG: The Pharmacology of Brietal Sodium (Methohexitone). *Das Ultrakurzmarkotikum Methohexital*. *Anaesth. Resuscitation* 57:2-8, 1972
  11. Moreland F, Sture C, Wood R: Methohexitone and epilepsy. *Br Dent J* 126:297, 1969

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Hospital over the last few years, more than 2,000 children have had anesthesia induced safely by this method. Airway obstruction is rare and has always been responsive to head repositioning. In no cases have manual ventilation or intubation been necessary. Others have described similar anesthetic inductions for a variety of procedures,<sup>2,3</sup> including computerized tomography (CT) of the head.\* In fact, nearly all our elective CT scans requiring anesthesia are performed in this manner. Clearly, this as well as all anesthetic techniques require the presence of a competent anesthetist.

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REFERENCES

1. Rockoff MA, Goudsouzian NG: Seizures induced by methohexital. *ANESTHESIOLOGY* 54:333-335, 1981
2. Goresky GV, Steward DJ: Rectal methohexital for induction of anaesthesia in children. *Can Anaesth Soc J* 26:213-215, 1979
3. Liu L, Goudsouzian NG, Liu P: Rectal methohexital premedication in children—a dose comparison study. *ANESTHESIOLOGY* 53:343-345, 1980

\* Kallar SK, Vasinanukorn M, Rah KH, et al: The use of rectal thiopental in children for computerized axial tomography. *Anesthesiol Rev* 7:30-33, 1980