In reply.—Since both intravenous (iv) and laryngotraacheally administered (LTA) lidocaine had previously been shown to blunt the cardiovascular responses to endotracheal intubation,\textsuperscript{1,2} we did not feel justified in exposing a third group of patients to the risks of a “no lidocaine” control protocol.

Dr. White's concern over the LTA lidocaine technique is well-intentioned, yet it ignores the realities of clinical care. A survey of clinicians both at our institution and elsewhere indicated that most adhere to the technique as originally described\textsuperscript{3} and do, in fact, laryngoscope patients twice when using the LTA\textsuperscript{®} kit or a facsimile thereof. It was this specific clinical technique which we were interested in comparing with lidocaine given as a bolus iv. We could have chosen ultrasonic inhalation of lidocaine solution as a less noxious method for administering laryngotraacheal lidocaine but felt it lacked clinical relevance because it is not widely used. We ruled out the use of transtracheal lidocaine instillation, not only because of the vigorous coughing it causes but also because of the well-known hazards associated with transtracheal puncture.\textsuperscript{3}

Intracranial compliance data were deleted at the suggestion of Anesthesiology’s reviewers, although we, too, believe these are pertinent whenever changes in ICP are examined. Actual values were: LTA lidocaine group, 3.9 mmHg/ml ± 0.6 SE; and iv lidocaine group, 3.5 mmHg/ml ± 0.4 SE.

Increases in intracranial pressure or cardiovascular variables may be either benign or harmful depending on the baseline values from which they are derived, even though the changes are similar in magnitude. Dr. White focuses on the absolute changes with intubation and concludes that these responses are similar in both groups of patients. If, however, LTA lidocaine administration has raised ICP or myocardial oxygen demand near the threshold for either brain herniation or myocardial ischemia, then an additional increase caused by endotracheal intubation becomes potentially deleterious to the patient. Accordingly, we believe that the fashion in which the data are presented and the clinical relevance of these findings are self-evident.

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