4. Some practitioners may feel more comfortable performing a stellate ganglion block than a thoracic epidural.

In summary, there are several techniques for administering a placebo in a differential block work-up. Each practitioner must select the one most appropriate to the clinical situation. Our study did not establish the superiority of any technique, nor was it intended to. It is one of the pieces of evidence necessary to establish the legitimacy of using normal saline stellate ganglion blocks as a placebo.

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Autologous Blood Transfusion in Patients with Sickle Cell Trait

To the Editor:—We recently cared for 20-yr-old black male having repair of a Le Fort II fracture. The patient was newly diagnosed with sickle cell trait, but, prior to diagnosis, had donated 2 units of blood for autologous transfusion. The question of whether this blood could be transfused safely was raised. Review of the literature, however, suggests that such blood can be safely used after storage.

One *in vitro* study found less than 1.5% sickling in blood from patients with sickle cell trait after 28 days of storage in an acid citrate dextrose (ACD) solution.[1] Osmotic fragility and hemolysis after 28 days were also within normal limits. An *in vivo* study using autologous transfusions in patients with sickle cell trait revealed normal RBC survival 24 h after transfusion of whole blood stored for 21 days in ACD solution. However, after 25 days of storage, RBC survival was reduced.[1]

Another study in which 13 patients received homologous whole blood transfusions from donors with sickle cell trait revealed no adverse side effects.[2] A more recent study has shown no evidence of sickling, but did find altered filterability of blood with sickle cell trait stored in citrate, phosphate, dextrose (CPD) solution after 21 days.[3] The clinical significance of this finding is unknown.

It is known that sickle cell trait blood is contained in the pool of banked blood. Furthermore, it must be assumed that this blood has been transfused on numerous occasions. To date, no evidence of adverse reactions have been documented. In fact, it is considered routine practice to transfuse this blood.*

There are two contraindications to the use of blood from donors with sickle cell trait. First, freezing sickle cell trait RBCs is to be discouraged because deglycerolization leads to excessive hemolysis.[4,5] Second, exchange transfusions in neonates using such blood has lead to splenic infarction and renal failure.[6]

With these two caveats in mind, the patient with sickle cell trait should be offered the benefits of autologous blood transfusion when appropriate. The use of this blood in operations where stasis, hypoxia, or hypotension are *expected* would not be prudent. Studies with ACD and CPD solutions reveal that blood from donors with sickle cell trait can be stored safely for 21 days without risk of sickling or hemolysis. The use of CPDA-1 solution may extend storage time, but further studies are indicated.

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Sedation for Patients with Parkinson's Disease Undergoing Ophthalmologic Surgery

To the Editor:—Parkinson's disease consists of tremor, rigidity, bradykinesia, and, eventually, difficulties in posture.[1] The neuropharmacological defect consists of a deficiency of dopaminergic input in the basal ganglia. There is also a cholinergic input which opposes and normally balances the dopaminergic effect. Drug therapy for the disease includes increasing dopaminergic effects and/or inhibiting cholinergic transmission.[2]

Patients presenting for ophthalmologic surgery under local anesthesia with sedation may possess a head tremor making it impossible for the surgeon to operate. None of the usual modes of sedation (narcotics, benzodiazapines) act to diminish the tremor, and other sedatives (phenothiazines, butyrophenones) are contraindicated because they block the central dopamine receptor. Diphenhydramine (Benadryl®) is an H_1 receptor-blocking antihistamine that has central anticholinergic activity, is inexpensive, and is generally available on anesthesia carts for the treatment of allergic reactions.[3] Anticholinergic drugs have been replaced as first-line therapy by L-dopa, but L-dopa (and central dopamine agonists such as bromocriptine) cannot be given intravenously.[2] We have found that diphenhydramine administered in 25-mg iv increments produces a well-sedated patient with minimal tremor. We have not encountered oversedation or delirium with the use of diphenhydramine in this setting.

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