

viously, desirable. However, the method that has been advocated has serious drawbacks. Constant observation for sudden loss of airway control is mandatory, and rapid correction of problems as they occur may be difficult.

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In Reply:—To apply our technique successfully to patients undergoing neck surgery, we emphasize two points—first, avoidance of laryngeal spasm, which is the most common problem with this technique, and second, maintaining a tight seal between the larynx and the laryngeal mask airway, which might be difficult in some situations. To prevent laryngeal spasm during surgery, we strongly recommend topical use of local anesthetics (4% lidocaine injection through the bronchoscope). We also advocate bronchoscopic examination *via* the laryngeal mask airway whenever any subtle changes in the feel of the rebreathing bag occurs. This enables us to reassess the position of the laryngeal mask and also to clear pharyngeal mucus before it can lead to serious difficulty. For intubation with a 6-mm endotracheal tube *via* the laryngeal mask airway, the bronchoscopic-guided method may be useful in helping to prevent deterioration of a difficult clinical situation. Fortunately, with these precautions, we have not had any serious complications associated with this technique, which has become routine for neck surgery in our institution.

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Intrathecal Morphine as a Cause for Herpes Simplex Should Be Scratched Out

To the Editor:—I read with interest the letter concerning intrathecal morphine (ITM) and oral herpes simplex.¹ I would like to report that although we have used 0.2 mg ITM in thousands of cases with cesarean sections,² herpes simplex eruption has not occurred. The reported case is definitely an isolated one that could have been a mere coincidence or a result of reactivation of a dormant lesion by the severe scratching related to the very high dose of ITM (1.5 mg). The *untreated* severe pruritus is definitely more important than the drug itself. Therefore, the recurrence of herpes simplex and the danger of neonatal exposure to the virus³ should not discourage us from using ITM, an excellent addition for control of pain during and after cesarean section.⁴

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