In Reply:—When we stated that only a single previous work had studied occlusion pressure at increasing concentrations of halogenated agents, in this case enflurane, we failed to mention the work by Drummond measuring occlusion pressure also with enflurane at 2% and 3% in six subjects.

We think that our study does not contradict Drummond’s finding that the ventilatory depression observed at increasing concentrations of enflurane could be attributable entirely to a reduction in central drive. We studied two different halogenated anesthetics, i.e., halothane and isoflurane, and observed significant differences between them in the mechanisms of ventilatory depression. The inspired concentrations of enflurane that Drummond’s patients received were at the higher range of concentrations we used with isoflurane, which showed clear central ventilatory depression. During halothane anesthesia at 1.2 MAC, inspiratory occlusion pressure was greater than in the awake state making unlikely the possibility of central respiratory depression. The observed increase in end-tidal carbon dioxide therefore may be attributable to a significant peripheral ventilatory depression. A mathematical analysis of the occlusion pressure waveform also showed differences between the two anesthetics at different concentrations, suggesting different effects on the mechanisms of transformation of central respiratory drive into occlusion pressure. Investigation of the effects of other drugs such opioids or atropine could elucidate the different ways of inducing ventilatory depression.

References


(Accepted for publication December 9, 1994.)

Ambivalence toward Pain: Schweitzer Versus Nine Inch Nails

To the Editor:—Caton relates our ambivalence toward pain with lingering archaic concepts of its causes. He elegantly describes an evolution of the social significance of pain in Western civilization—from punishment by powerful gods and suffering synonymous with being human during the Biblical and Middle Ages to a pathologic experience requiring control and prevention. He concludes that current expectations for relief compete with an arystic belief that pain and suffering may be an integral part of life. His interpretations are based on an exegesis of classical authors and clerics and seem logical. However, our contemporary heroes and pop culture also describe simultaneous feelings of pain abhorrence and glorification and perhaps portray them more vividly.

To illustrate the enlightened 20th-century view abhorring pain and burdening society to eliminate it, Caton should include Albert Schweitzer, a physician and Nobel laureate, who practiced the ministry of relief in which he believed. Schweitzer wrote: “We must all die. But that I can save him from days of torture, that is what I feel as my great and ever new privilege. Pain is a more terrible lord of mankind than even death itself.” Mother Theresa continues this selfless service. Our hopes for relief from pain and affliction soar when thinking of such superhumans.

It is unfortunate that reality often differs from hopes. Twentieth-century humankind is apostate and philistine and glorifies athletes and entertainers. These are the social leaders who often form our
feelings and justify our actions. What are they saying about pain? Athletes extol it. Those who can’t “tough it out” are wimps. Pop musicians sing, “It hurts so good/come on, baby, make it hurt so good/sometimes love don’t feel like it should” (John Mellencamp)' and “I hurt myself today/to see if I still feel/I focus on the pain/the only thing that’s real” (Nine Inch Nails).† The recent hit movie “Natural Born Killers” glamorizes gratuitous violence and indifference to pain. Bruce Springsteen explains the popular reason for these actions, “I guess there’s just a meanness in the world.” ‡

To understand our ambivalence toward suffering and the persistence of traditional concepts valuing pain, as described by Caton, we need only to listen to the songs of today. If we want to abolish pain and suffering, we must also change our lyrics.

‡ Springsteen B: Nebraska. 1982. Reproduced with permission.

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(Accepted for publication December 13, 1994.)

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(Accepted for publication December 13, 1994.)