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In Reply:—We appreciate Dr. Chado's comments and interest in our article. We have reanalyzed the data as suggested by Dr. Chado. The ratio of pre- and posttreatment current perception threshold values were not significantly different (table 1). There was a trend for the 250- and 5-Hz lumbar groups to have a greater change posttreatment (as would be predicted), but the variability was too great to demonstrate this difference statistically. It is possible that a larger sample size or a crossover study design would have decreased the variability and demonstrated the predicted differences (we have considered both factors in subsequent studies). Another factor may be that the neurometer is not sensitive enough to measure the mild sensory changes effected by intrathecal opioids.

Finally, we agree with Dr. Chado that there is good evidence that the

neurometer selectively stimulates various nerve fibers. However, to our knowledge, definitive patch clamp experiments have yet to be performed.

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Table 1. Ratio of Pretreatment and Posttreatment Current Perception Threshold Values

Group	Cervical			Lumbar		
	2,000 Hz	250 Hz	5 Hz	2,000 Hz	250 Hz	5 Hz
Saline	1.1 ± 0.2	1.0 ± 0.3	0.9 ± 0.5	1.0 ± 0.1	0.8 ± 0.3	0.9 ± 0.7
Sufentanil	1.1 ± 0.3	1.3 ± 0.5	1.1 ± 0.2	0.9 ± 0.2	1.3 ± 0.6	1.9 ± 1.7

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Valve System Performance

To the Editor:—I read the laboratory report, *Testing the Competency of the Hemostasis Valve in Introducer Catheters* published in *ANESTHESIOLOGY* 1998; 88(5):1404-6, with great concern and alarm.

Arrow® strives to manufacture our hemostasis valves to the highest

standards of performance. However, we think that it is important that practitioners not misread the results of this testing to infer that any manufacturers' valve system is infallible. Another concern is that many practitioners refer to an *introducer system* and a *hemostasis valve* in