
CORRESPONDENCE

MUSCLE PAINS ASSOCIATED WITH SUXAMETHONIUM

Sir,—The two papers on muscle pains after suxamethonium (Newnam and Loudon, 1966; Glauber, 1966) have served to rekindle interest in a subject of considerable importance to the clinical anaesthetist. Certainly there is no surer way of losing popularity with outpatients than to leave a large proportion of them feeling like the aftermath of a severe accident, whilst the operation site is relatively comfortable.

Glauber's method of attempting to reduce the incidence of these pains has been used with some success in this area for two years, during which period the author has experienced only one patient with severe post-suxamethonium muscle pains after bronchoscopy (the bank manager's wife!). Fasciculation, and that slight, was observed on only one occasion in a muscular male, who complained of no muscle pains afterwards. On the other hand, in contradistinction to Glauber's findings, the degree of relaxation was found not to be comparable to that produced by equipotent doses of suxamethonium alone. In fact, on occasions a further increment of suxamethonium was required to produce satisfactory relaxation.

The findings of Newnam and Loudon that the incidence of post-suxamethonium muscle pain is reduced in the physically fit confirms our findings here; but the apparent complete absence of muscle pains in the African (Coxon, 1962) has also been confirmed here. Copper, over three years, has failed to discover any typical post-suxamethonium muscle pains in an African patient (personal communication, 1966). Most of these Africans were of the Xhosa tribe and many are anything but physically fit, which discounted the suggestion that the majority of these patients, including the females, did hard physical labour.

This absence of post-suxamethonium pains did not apply to the other races—Indian, Malay or people of mixed parentage. Thus, the findings of Newnam and Loudon that 2 out of 11 Negros developed pains after suxamethonium is interesting. A possible explanation could be that in the United Kingdom and the United States the term Negro is applied to pigmented persons who are, in fact, of mixed descent.

It thus appears that the exact cause of suxamethonium muscle pains is still uncertain, but may well be due to a combination of factors, although Tammisto and Airaksinen (1966) may help to throw some more light on the subject.

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REFERENCES

Couper, J. L. (1966). Personal communication. Approximately 3,000 patients receive suxamethonium at the Livingstone Hospital, Port Elizabeth, per annum.


CORRIGENDUM

Sir,—A mistake appeared in my article entitled "Heat clearance: a convenient method of estimating peripheral blood flow?" (Brit. J. Anaesth. (1966), 38, 572 (July.).) Line 3 of the appendix should read

\[ C_{1}R = 4\pi r^{2} k \theta \]

In the subsequent rearranging of the formula, \( r \) should read \( r^{2} \).

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