CLINICAL OBSERVATIONS ON ORG 9426

SIR,—I was interested to read the initial clinical report by Dr Wierda and his colleagues on the new intermediate duration steroidal neuromuscular blocking drug, Org 9426 [1].

It would seem unlikely that there were no hemodynamic changes during tracheal intubation and therefore the statement that there were no cardiovascular side effects is inappropriate. Cardiovascular studies on new drugs should be performed during a hemodynamically stable period and preferably with continuous invasive monitoring and recording. Furthermore, if the drug is to be used to facilitate rapid intubation it must be used in a dose larger than 500 µg kg⁻¹. An onset time to maximum block of greater than 3 min (204 s) is considerably slower than that achieved with larger doses of atracurium [2] or vecuronium. I should be interested to see if this low potency drug is still devoid of cardiovascular side effects at greater doses. I suspect its margin of safety for vagolytic or ganglion blocking side effects may not be as impressive as its more potent analogue, vecuronium.

The conclusion that this new compound has the major advantage of offering good to excellent intubating conditions at 1 min (500 µg kg⁻¹) is weak. The mean time (with a wide SD) to 75% block was 68 (30) s, which implies that at 1 min the percentage block at intubation was somewhat less than this. My conclusion would be that the authors' good intubating conditions were created mostly by thiopentone, nitrous oxide, and fentanyl up to 5 µg kg⁻¹. What was the mean (and SD) percentage block of T1 at intubation? What would the intubating conditions be after thiopentone and Org 9426 only? Ideal intubating conditions are provided at 95% block [3].

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REFERENCES

SIR,—Thank you for the opportunity to respond to Dr Scott’s remarks on our study [1]. His comments concern mainly the cardiovascular aspects and the intubating conditions observed following administration of the drug. The aims of our study apparently have remained unnoticed. As indicated, we investigated the neuromuscular potency, time course of action (250 and 500 µg kg⁻¹) and the intubating conditions (500 µg kg⁻¹) of Org 9426. The cardiovascular variables, in common with other vital signs, were monitored as a routine part of the anaesthetic procedure. As this is a new drug which has been used, we should also look for and report absence or presence of drug-related effects other than that of neuromuscular block.

The lag time and the onset to 75% twitch height depression were significantly shorter following equipotent doses of Org 9426 and vecuronium. The 1-min intubating conditions appeared invariably good to excellent, which is of considerably greater clinical relevance than the percentage twitch height depression of the adductor pollicis muscle at the time of intubation. Dr Scott’s statement regarding the degree of block (95%) necessary for ideal intubating conditions is based on papers cited by Ali and Savarese in 1976 [2], which were published between 1966 and 1971. New developments and different views on this issue [3, 4] in the past 25 years have not been mentioned. Dr Scott questions the quality of intubating conditions which we observed, without providing experimental evidence for his statements. Further assumptions are made of possible cardiovascular side effects after larger doses of Org 9426, again without any evidence.

The speculative nature of Dr Scott’s comments, illustrated by his conclusion that good intubating conditions were produced mainly by the anaesthetic technique, ignores the degree of redistribution of thiopentone between the time of induction and the end of stabilization of the twitch before administration of Org 9426 (usually about 5 min) and experimental evidence to the contrary [5].

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REFERENCES

MANAGEMENT OF MAJOR TRAUMA

SIR,—We wish to comment on some points raised by Dr Clark’s editorial “Improving the management of major trauma” [1]. We agree that there should be a greater medical involvement in the training of ambulance personnel in the U.K. However, recently there has been a suggestion that