Our experience over 4 yr with direct questioning of patients reassures us that hypnosis and haemodynamic stability are provided reliably by the second method. We are currently investigating the dose, and evaluating the haemodynamic effects of propofol for induction and maintenance of hypnosis in the presence of full opioid analgesia in patients undergoing cardiac surgery.

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EXTRADURAL, SPINAL OR COMBINED BLOCK FOR OBSTETRIC SURGICAL ANAESTHESIA

Sir,—Dr Carrie, in an otherwise excellent review of regional anaesthesia in operative obstetrics [1], dismisses the practice of warming bupivacaine before extradural injection as being inconvenient and hardly merited because of a reduction of block onset time of only 20%. In this respect, he quotes our study [2] which recorded a reduction of 30% in onset time. Moreover, we demonstrated a 23% reduction in volume of local anaesthetic required to achieve satisfactory block, and a significant reduction in the incidence of shivering by injecting bupivacaine warmed previously to body temperature.

Maintaining a small supply of bupivacaine and 20 ml syringes in a thermostatically controlled warming cabinet (a standard fixture in any labour suite or operating theatre) does not impose any measure of inconvenience. There is no necessity to warm any other equipment and we continue to believe that this simple measure significantly improves the technique of extradural anaesthesia for Caesarean section.

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REFERENCES

COMPARISON OF DOPAMINE AND DOPEXAMINE

Sir,—The report by Stephan and colleagues [1] comparing the effects of dopamine and dopezamine on cardiovascular and renal haemodynamics gives rise to several areas of concern.

First, the doses of dopamine and dopezamine chosen were not comparable. The authors state that dopezamine has only 33% of the potency of dopamine at DA_1 receptors, yet they chose to compare dopamine 1, 2 and 4 μg kg^{-1} min^{-1} with dopezamine 2.5 and 5 μg kg^{-1} min^{-1}. Likewise, the dose ranges allow no direct comparison of cardiovascular variables between the groups. Changes in cardiac index and systemic vascular resistance occur with dopezamine at a low dose, whilst dopamine in greater doses does not cause a similar increase in cardiac index and decrease in systemic vascular resistance. Again, this may be predicted from the known receptor pharmacology of these agents. The authors comment on the acceptability of the increase in heart rate seen with dopezamine 4 μg kg^{-1} min^{-1}, which resulted also in a 117% increase in cardiac index. We would conclude that, in this population of patients, this dose is unnecessary and excessive.

Second, the authors noted that the increase in renal blood flow was greater than that in cardiac index in those receiving dopamine, the reverse being the case with dopezamine. However, the increase in renal blood flow was not significantly greater with dopamine than with dopezamine, and the decrease in renal vascular resistance was greater with dopezamine.

All patients received calcium channel blockers and some were receiving β-blockers also. There is no comment on