paravertebral block has been shown to reduce significantly postoperative decline in lung function at 24 hours, improve its subsequent restoration, and reduce pain scores and opiate requirements.⁵ In 160 patients who have had this form of pain relief after thoracotomy, we have seen no instances of clinical toxicity to bupivacaine, infusing 0.5 per cent plain bupivacaine at $0.5 \text{ mg} \cdot \text{kg}^{-1} \cdot \text{h}^{-1}$ for four days.

There appears to be no advantage in leaving a catheter in the pleural cavity at thoracotomy when it can so easily be placed in the paravertebral space.

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REPLY

I would like to thank Mr. Sabanathan for his interesting comments. I applaud their ingenuity in the use of yet another catheter technique to provide postoperative anaesthesia on patients having undergone thoracotomy. Mr. Sabanathan makes no comment as to whether or not this technique can be used for analgesia for abdominal incisions but one would intuitively think so.

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Should vecuronium be used in renal failure?

To the Editor:

We read with interest the paper by Starsnic *et al.* (*Can J Anaesth*, 1989; 36: 35–9) on the use of vecuronium in renal transplant patients. Their conclusion is that vecuronium may accumulate in the renal transplant patient. Perhaps it is timely for us to stand back and examine the use of vecuronium in patients with impaired renal function. There are a number of papers which have shown little difference between the pharmacokinetics of vecuronium in patients with and without renal failure. These papers have, however, examined single bolus doses or very short infusions (a few minutes only).^{1,2} In situations where repeated doses have been administered or a continuous infusion has been used, various extents of prolonged paralysis, up to 90 hours in one report,³ have been noted.^{3–6} The weight of evidence seems now to be such that there is little doubt about the tendency for vecuronium to accumulate in patients with renal failure. It must surely therefore be appropriate now to make the recommendations that caution be exercised in the use of vecuronium in patients with impaired renal function and that when it is used, neuromuscular function should be carefully monitored.

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