Usual doses of epidural morphine range from 2–10 mg; the duration of analgesia has been reported to be between two and 51.6 hours and is said to be dose-dependent.

It is interesting to note that in this patient, who inadvertently received 50 mg plus 50 mg of epidural morphine and 25 mg of epidural meperidine within a 16 hour-period that:

- 1 Respiratory depression was not as severe as one would expect.
- 2 At no time was the patient unrousable.
- 3 Analgesia lasted only ten hours and 23 hours after doses of 50 mg of epidural morphine – much shorter than would have been expected if duration was dose-dependent.
- 4 The second equipotent dose of morphine lasted 2.5 times as long as the initial dose (both given in 20 cc of saline).

There is current debate as to the dose of morphine, and volume of solution required to provide analgesia. This patient twice received five times the recommended dose used, within a ten-hour period. The lack of severe side effects (respiratory arrest or loss of consciousness) perhaps lends support to those who feel that higher doses of epidural morphine can be used in the closely monitored patient, with relative safety.

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A Simple Wheel Guard for Anaesthetic Gas Machines

To the Editor:

The increasing numbers of mechanical and electrical equipment in use in the operating room have further complicated the manoeuvrability of anaesthetic equipment. The number of wires and gas hoses on the operating room floor makes it difficult to move this equipment when they are located in its vicinity. By adding a wheel guard (Figures 1 and 2) it becomes very easy to move the anaesthetic gas machine and it provides also an excellent protection against damage to the wires or gas hoses. This wheel guard is 14 cm long, 9 cm high and 4 cm width to cover a 12 cm diameter wheel. It is made of a 16 gauge stell, painted black. There is a slot on

FIGURE 1 Wheel guard.

FIGURE 2 Anaesthetic apparatus with wheel guards.

each side to permit adjustment of the ground height at will.

This simple gadget can easily be built by the hospital maintenance department and has been extremely well received by our departmental staff.

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Erratum

Nigrovic, V., Succinylcholine, cholinceptors and catecholamines: Proposed mechanism of early adverse haemodynamic reactions. 1984; 31: 382-92. P 387 (line 20, right hand column).

Should read

Catecholamines, especially epinephrine, cause an initial, brief hyperkalaemia followed by prolonged hypokalaemia.⁸¹⁻⁸⁵

Instead of

prolonged hyperkalemia.