reduction in the incidence of Grade III and IV views with the application of Knill's manoeuvre. In our attempt to meet the Journal's reasonable limitation on reference numbers for review articles no disrespect was intended Dr. Knill and we acknowledge his contribution.

Dr. Lam further points out the need for the laryngoscopist to make the determination of the optimal laryngeal manipulation rather than to rely on the assistant to do so. I agree and suggest that the assistant may be aided by having the laryngoscopist position their hand over that of the assistant and guide them to the optimal position. Minor changes in the position can then be achieved with simple, easily comprehensible commands.

Finally, Dr. Lam is correct in his assumption that "induction of general anesthesia" in the algorithm would include, as a component part, the administration of a muscle relaxant.

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Patient-controlled transnasal butorphanol analgesia following outpatient surgery

To the Editor:

The increasing use of same-day discharge surgery has required that patients be discharged from hospital following more extensive surgical procedures. Butorphanol, a mixed opioid agonist-antagonist, has been shown to provide analgesia similar to parenterally administered narcotics. Rapid absorption and a minimum of respiratory depression suggest that transnasal butorphanol (TNB) may be a useful analgesic following ambulatory surgery.

We conducted an open-label, observational study of TNB enrolling 28 ASA I-III patients undergoing a variety of ambulatory procedures at the Ottawa Hospital – Civic Campus. Following written, informed, consent patients received a standardized general anesthetic including a prophylactic anti-emetic and a NSAID. Following discharge from the post-anesthesia care unit, patients were instructed to self administer a 1 mg spray of TNB every 30 min prn to control pain.

Total TNB consumed in the postoperative period averaged 4.4 ± 2.0 mg. Nausea, sedation, and dysphoria were reported by 10 to 20% of patients. Pain in seven patients could not be adequately controlled following 3 mg TNB administered over 90 min and was treated with parenteral opioids.

Previous research has demonstrated that TNB and acetaminophen + codeine (T3) were similarly effective in treating pain following musculoskeletal trauma. Given that TNB did not provide effective analgesia in 25% of patients in this case series it is unlikely that TNB offers sufficient advantage over T3 to justify its expense (CDN\$ 80.77 vs CDN\$ 11.94). Future research is required to identify a safe, effective, and inexpensive means of treating pain following ambulatory surgery.

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Improved patient comfort after transsphenoidal surgery with a modified nasal packing

To the Editor:

At the completion of transsphenoidal pituitary surgery, petroleum jelly or bacitracin-impregnated gauze rolls are packed into the patient's nostrils to prevent bleeding and infection. This precludes patients from breathing through their nose in the immediate postoperative period. According to the nurses in our postanesthesia care unit and the surgeons at our institution, the inability to breathe nasal-