REPLY

We wish to thank Doctor Lang for his interest and would like to comment on his statements. Although the sensory innervation of the knee joint and surrounding tissues can be quite variable, we are surprised that Doctor Lang suggests that the sciatic nerve is irrelevant to the innervation of these structures. The sciatic nerve contributes to the innervation of the lateral aspect of both the articulation (via collateral branches of the sciatic and tibial n.) and the skin of the knee (via a collateral branch of the common peroneal n.)¹ Our early clinical experience of knee arthroscopy under lumbar plexus block was quite good. However, the technique was unsatisfactory when intra-articular manipulations were made, as during a meniscectomy: addition of the sciatic nerve block alleviated all discomfort. With regard to ankle and foot surgery, we do not wish to minimize the importance of good sciatic nerve block. Yet, since a tourniquet was at the thigh level in all cases and most of the foot surgery aimed at correcting first metacarpal anomaly (a skin territory supplied by the saphenous nerve), we felt it was preferable to include a lumbar plexus block.

Doctor Lang comments on the "excessive delays" before the patients left the hospital. We wish to emphasize that we only noted the departure time and cannot comment on how it was affected by the anaesthetic technique nor on how it compares with other arthroscopic patients either at our institution or elsewhere. Finally, we agree with Doctor Lang when he states that the technique we described isn't ideal, but is there an ideal technique? We offer it as a valuable alternative for unilateral lower extremity anaesthesia.

Pierre Drolet MD
Michel Girard MD
Montréal, Quebec

REFERENCE

- 1 Rouvière H. Anatomie humaine, 11 éd. Paris: Masson et Cie, 1974.

Erratum

Re: Clarke IMC, Morin JE, Warnell I. Personality factors and the practice of anaesthesia: a psychometric evaluation. Can J Anaesth 1994; 5: 393-7.

Figure 2 is incorrect. Our original paper included a comparison between our data and that in Reeve's 1980 paper. This was editorially unacceptable. In the process of removing this comparison, our curve was inadvertently deleted from Figure 2 leaving Reeve's curve to be printed. We congratulate Dr. John Doyle, Toronto, who spotted the mistake. A correct version of Figure 2 appears below.

FIGURE 2 Anaesthetists-16PF form C-mean profile ($n = 330$).

I.M.C. Clarke, J.E. Morin, I.H. Warnell
Department of Anaesthesia, The University of Calgary,
Calgary, Alberta, T2N 1N4.