The apparent divergence of this advice from usual practice in Britain, coupled with the eminence of the author, has occasioned several queries from anaesthetists and the matter has come before the Anaesthetists’ Sub-Committee of the C.C.H.M.S. and the Council of the Association of Anaesthetists.

The time taken to achieve safe “road-worthiness” varies widely between different anaesthetic agents and depends on dose, metabolic fate of the agent and individual variation. It would be rare for an interval of 48 h to be necessary. There is no interval that could be recommended unconditionally for all situations; nevertheless, an interval of 24 h or “after a night’s sleep” would be regarded normally as sufficient. Dr Havard’s opinion must be presumed to be a personal one.

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EXTRADURAL ANALGESIA OR GENERAL ANAESTHESIA FOR ELECTIVE SECTION

Sirs.—Prompted by the interesting article by Professor Downing and his colleagues (1979), may I offer some comments upon this subject? As these workers record and, as we suggested previously in the paper to which they refer (James et al., 1977), the optimal direction of tilt can rarely be pre-determined (possibly asking the patient which side she has preferred to lie on during the final trimester will provide a clue—we are at present investigating this possibility). The anaesthetist must observe the response of the mother to the first top-up of local anaesthetic and depends on dose, metabolic fate of the agent and individual variation. It would be rare for an interval of 48 h to be necessary. There is no interval that could be recommended unconditionally for all situations; nevertheless, an interval of 24 h or “after a night’s sleep” would be regarded normally as sufficient. Dr Havard’s opinion must be presumed to be a personal one.

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