

CORRESPONDENCE

Function of the Anesthesiologist

To the Editor.—In an editorial published in a recent issue of the Journal (ANESTHESIOLOGY 1961, 22, 830-1), Dr. Leffingwell made the following statement with regard to the function of the anesthesiologist. “. . . the referring physician [surgeon] must have the final choice as to any course of action or treatment proposed for his patient.”

We wish strongly to take exception to this statement, particularly to one made from an, as it were, *ex cathedra* position. We consider that such a statement is an abrogation of the responsibilities of the anesthesiologist. We do not suggest, advise, or encourage the frequent assumption by the anesthesiologist of a “dogmatic and arbitrary position” and we believe that most disagreements with a surgeon

can and should be settled by discussion; but in the final analysis, the choice of the method or agent is solely the responsibility of the anesthesiologist. He should, if possible, respect the wishes and even the prejudices of the surgeon; but in the event of a really serious and basic disagreement, his only proper course is to withdraw from the case, since his acceptance of a method or agent which he considers to be completely contraindicated is *prima facie* evidence of malpractice.

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LONG-TERM HYPOTHERMIA The sensitivity of a variety of animal and plant tissues to roentgen rays is influenced to an important degree by the concentration of oxygen available at the time of the irradiation. This concentration, in turn, is influenced by reduction of temperature which decreases consumption of oxygen but increases the amount dissolved in the tissues. Patients with cerebral astrocytoma in whom the prognosis was uniformly bad were treated with radiotherapy under conditions of hypothermia. Simple, whole-body cooling with ice bags was used and the rectal temperature maintained at 31 to 32° C. with the aid of pethidine, promethazine and chlorpromazine. Hypothermia was usually induced under general anesthesia, and the patient was permitted to regain consciousness at the reduced temperature before the first irradiation treatment was given. For most patients two weeks of mild hypothermia is safe. In the absence of irradiation patients under continuous mild hypothermia remain in good condition except for inattention, unawareness of passage of time, and impairment of memory. There is complete inability to recollect the episode of hypothermia. One factor limiting the duration of the hypothermia is a progressive fall in blood platelets. Counts of less than 100,000 per cu. mm. were noted within 7 to 10 days of hypothermia. (Clayton, B. E., and Patrick, A. D.: *Irradiation of Cerebral Astrocytomata under Whole-Body Hypothermia, Lancet* 2: 906 (Oct. 21) 1961.)