

Anesthesiology  
68:648, 1988

*In Reply:*—I was tempted to respond briefly to Dr. Zeitlin's poetry with a quote attributed to Mark Twain: "I'm sorry for any man who has not the imagination to spell a word two ways." This may not be appropriate, however, for a name, about which many are properly sensitive. Thus, my own minor campaigns for Doppler (not doppler), Trendelenburg (not trendelenburg), and Mach (not mach). For that matter, for Epstein (ép' stīn, not ěp' stĕn). Of course, we must yield to volt(a), ohm, watt, newton, ampere, henry, faraday, and so on.

I also recall writing to a prominent Midwestern professor of pediatrics to express my concern at his arrogation of our own Ivan Magill by reference to the "McGill forceps." (He never answered.) So the problem is one to which I should have been more sensitive.

My apologies to Sir Robert Macintosh, who is too much a gentleman (and too inured, no doubt, to the

Anesthesiology  
68:648, 1988

### Isoflurane for Radiotherapy in Children?

*To the Editor:*—In the November issue of ANESTHESIOLOGY, Glauber and Audenaert describe their successful experience using halothane to repeatedly anesthetize children for radiation therapy.<sup>1</sup> However, in the addendum of the same article, they favor the use of isoflurane in preference to halothane because of a recent report of hepatitis following repeated halothane anesthetics in children.<sup>2</sup> In the absence of a controlled study, such statements are unscientific and irresponsible. Isoflurane can induce coughing and laryngospasm,<sup>3,4</sup> which may be disastrous during radiotherapy. Furthermore, in the absence of markers for non-A, non-B hepatitis, there is no way to know whether the children reported by Kenna *et al.*<sup>2</sup> had concomitant non-A, non-B hepatitis.

NISHAN G. GOUDSOUZIAN, M.D.  
*Associate Professor of Anesthesia  
Director, Pediatric Service*

JAMES K. ALIFIMOFF, M.D.  
*Instructor in Anesthesia*

Anesthesiology  
68:648-649, 1988

*In Reply:* Our error in the addendum referred to by Goudsouzian *et al.* was to describe our change in choice of inhaled anesthetic as a recommendation instead of as

phenomenon) to have objected had he seen my piece. Still, two bloopers in one article.<sup>1</sup> It's enough to make one stop writing encomia! Except, of course for Ray Fink. Enough of this diversion from the real subject of my piece.

ROBERT M. EPSTEIN, M.D.  
*Distinguished Professor of Anesthesiology  
University of Virginia  
Medical Center  
Charlottesville, Virginia 22908*

#### REFERENCE

1. Epstein RM: B. Raymond Fink. Correspondence. ANESTHESIOLOGY 68:308, 1988

(Accepted for publication December 3, 1987.)

CHARLES J. COTÉ, M.D.  
*Associate Professor of Anesthesia  
Harvard Medical School  
Massachusetts General Hospital  
Boston, Massachusetts 02114*

#### REFERENCES

1. Glauber DT, Audenaert SM: Anesthesia for children undergoing craniospinal radiotherapy. ANESTHESIOLOGY 67:801-803, 1987
2. Kenna JG, Neuberger J, Mieli-Vergani G, Mowat AP, Williams R: Halothane hepatitis in children. Br Med J 294:1209-1211, 1987
3. Fisher DM, Robinson S, Brett CM, Perin G, Gregory GA: Comparison of enflurane, halothane, and isoflurane for diagnostic and therapeutic procedures in children with malignancies. ANESTHESIOLOGY 63:647-650, 1985
4. McAteer PM, Carter JA, Cooper GM, Prys-Roberts C: Comparison of isoflurane and halothane in outpatient paediatric dental anaesthesia. Br J Anaesth 58:390-393, 1986

(Accepted for publication December 4, 1987.)

a reasonable alternative clinical response to new evidence, which we believe it to be. The work "recommendation" is readily withdrawn. The use of the word "ir-