

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 ép' stēn). 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 injured, no doubt, to the

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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.¹ 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.² In the absence of a controlled study, such statements are unscientific and irresponsible. Isoflurane can induce coughing and laryngospasm,^{3,4} 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.*² had concomitant non-A, non-B hepatitis.

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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.¹ 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.

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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 The work "recommendation" is readily withdrawn.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-

responsible" seems to me a hyperreaction on the part of your correspondents.

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The addendum to which Dr. Goudsouzian *et al.* and Dr. Glauber refer was mistakenly published without editorial approval.

Ronald D. Miller, M.D., Editor

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A Modification of Magill's Forceps

To the Editor:—Many anesthesiologists have experienced the frustration of air leaking through a torn endotracheal tube cuff after using Magill's forceps.¹ We have modified Magill's forceps by filing off the teeth of the forceps and making the two grasping surfaces smooth. Following this modification, we have not experienced any problems from torn cuffs. Furthermore, no air leaks have occurred after deliberately grasping the cuff 20 times with the modified forceps.

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Malignant Hyperthermia, Congenital Anomalies, and DNA Linkage Analysis

To the Editor:—We are engaged in an effort to add malignant hyperthermia (MH) to the list of neuromuscular disorders in which a DNA marker is available for genetic counselling and screening.¹ Even though recent advances assure at least a 95% success rate in examination of a kindred's entire genome,² the search is considerably narrowed if the gene can first be assigned to a specific chromosome. Chromosomal deletions, translocations, and duplications that may give rise to dysmorphic features are detectable with a high degree of resolution by contemporary cytogenetics. The association of MH with congenital anomalies, such as the King Syndrome,³ therefore affords a unique opportunity to ascertain the likeliest chromosome for DNA linkage analysis. We request that colleagues having knowledge of MH occurring in patients with congenital anomalies contact us at the address below. A brief clinical history, and 10cc of blood from children or 50cc from adults, would be all that is required of appropriate individuals.

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