EDITORIAL

HALOTHANE IN 1962

Few drugs have excited such widespread interest and stimulated as much clinical and laboratory investigation as halothane.

Now more than five years since its introduction it has become widely accepted and by now most of its critics have, at the least, modified their positions. A danger may now lie in its unrestricted use by the uninformed, without supervision, in the belief that “nothing ever goes wrong”.

Evidence of continued interest is provided in this issue, in which will be found four papers on various aspects of this still controversial drug.

There is much discussion of its expense, particularly when used in semi-open circuit, although no doubt in many anaesthesias this is to some extent offset because other inhalation agents and supplementary drugs are displaced. It may be anticipated that the increasing use of closed circuit techniques will help to reduce the considerable size of this item in hospital drug costs.

It is clear from its popularity that frequently there are advantages to be gained by using halothane in preference to other agents. Ease of induction and maintenance, relatively prompt recovery, non-inflammability figure prominently. The very low incidence of sickness after anaesthesia, especially in the emergence period, is an important factor contributing to the safety and comfort of the patient.

The expense of halothane should not, of course, be the governing factor in the choice of anaesthetic, but it would seem timely to remind ourselves that there are many occasions when cheaper agents will serve equally well. In fact there seems to be a danger that many trainees will be denied more than a passing acquaintance with the older anaesthetic agents, in the same way that many registrars of several years standing are unfamiliar with spinal analgesia. It remains to be seen whether this will be proved a matter for regret. It is possible that some of the current enthusiasm for halothane will wane as clearer agreed indications for its use emerge. It is certainly true that close vigilance is necessary when using this agent whereas inattention and inexperience, especially when combined, can have serious consequences. Certainly a few accidents have gone unreported.

Halothane has perhaps suffered from a desire to compare it with chloroform but the much less likelihood of serious cardiac arrhythmias, of liver dysfunction, and the near absence of post-operative sickness weigh heavily in favour of the former.

It is pertinent to reflect that the introduction of this agent has led to a more enlightened and scientific approach to the use of inhalation agents in the same way as, for example, the introduction of muscle relaxants led to an increased investigation by anaesthetists of problems in pulmonary physiology. The result has been the discovery of the intriguing and unique physical and pharmacological properties of halothane. The remarkably short space of time during which so much has been learned contrasts sharply with the long period that ether and chloroform had to wait for comparable investigations.

A very important problem which must concern advisers in anaesthesia is the place for this drug in anaesthesia for mass casualties and the results of investigations now proceeding will be awaited with urgent interest.