Sir,—Thank you for the opportunity of replying to the letter from Dr Dodds. My comments in reply are as follows.

Dr Dodds' letter correctly raises the very important issue of adequate preparation for anaesthesia and surgery in elderly patients with hip fracture. A delay of longer than 1 day from injury to surgery was associated with increased mortality generally in our study and should have appeared in both columns of Table VI. This association, however, does not imply a cause and effect relationship. The assumption that it is the patients in poorer shape in whom surgery tends to be delayed may or may not be true, however, as many other factors come into play, such as lack of theatre time or staff, and the generally low priority of these unfortunate people in the “pecking order” for hospital facilities. In many hospitals there is a somewhat fatalistic approach to their surgical care which is often placed into the hands of inexperienced and unsupervised junior doctors, to be done as soon as possible as “an acute”. Conversely, unnecessary delays to surgery sometimes result from an over cautious approach to anaesthetic assessment.

The limitations of space prevented discussion of issues peripheral to the central theme of the anaesthetic contribution to mortality. Nevertheless, we totally agree with Dr Dodds that appropriate time for adequate assessment and resuscitation must be allowed before surgery. Surgery for fractured hip in the elderly is an urgent, but not an emergency procedure.

F. M. DAVIS
Christchurch, New Zealand

GENERAL ANAESTHESIA FOR CAESAREAN SECTION

Sir,—The study reported by Drs Dann, Hutchinson and Cartwright [1] showed that pretreatment with alfentanil attenuated the haemodynamic response to intubation in patients undergoing elective Caesarean section. Unfortunately, the study was marred by the use of an anaesthetic technique (nitrous oxide, oxygen and an opioid) known to be associated with an unacceptably high incidence (10–20 %) of maternal awareness. Indeed the incidence of awareness in this study was 11 %. In the majority of cases of awareness dealt with by the Medical Defence Union a nitrous oxide, oxygen and opioid technique had been used [2]. The addition of 0.5 % halothane, 1 % enflurane or 0.75 % isoflurane has been shown to prevent maternal awareness during general anaesthesia for Caesarean section, without adverse effects on the neonate [3, 4].

When obtaining informed consent, the authors “stressed that there was a small risk of awareness”. Perhaps if patients had read the harrowing account of awareness during Caesarean section, published in this journal a few years ago [5], that consent would not have been forthcoming.

J. G. JENKINS
Guildford

REFERENCES


Sir,—Thank you for giving us this chance to reply to Dr Jenkins’ letter. It is hard to understand why he considers that the study was marred by the anaesthetic technique used.

In suggesting the administration of an opioid before delivery of the infant, we are breaking new ground in obstetric anaesthesia, and we feel that it is vital that our observations are made in as simple a model as possible. As obstetric anaesthetists we are continually mindful of the problem of awareness, but we, our patients, and the District Ethics Committee all agreed that in this study it was reasonable to proceed without a volatile agent.

We are proceeding with further studies using alfentanil, this time in conjunction with 0.5 % halothane, and this will allow us to separate the effects of the opioid and the volatile agent. It is a pity that this step-wise approach has not been used more often, as many studies present too many variables to allow proper analysis of the findings.

W. L. DANN
A. HUTCHINSON
D. P. CARTWRIGHT
Derby

DIAGNOSTIC TEST FOR HALOTHANE HEPATITIS

Sir,—Kenna and colleagues [1] described a diagnostic test for halothane associated hepatitis in patients with liver failure. Is this test any better than the numerous others which have been described to make this diagnosis, but which have failed to achieve common usage?

The macrophage migration inhibition test [2] and the lymphocyte stimulation test [3] were proposed for the