LETTER TO THE EDITOR

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SIR:

The remarks of Professors Wyant and Dobkin (CASJ 8 (1): 287 [May, 1961]) do not appear to be closely related to the facts of our case against the azeotrope. In our criticism we endeavoured to make two points which we believe are not unimportant in clinical anaesthesia:

1. The liquid azeotrope can be ignited in atmospheres of oxygen and nitrous oxide. If it is to be used with safety it is therefore essential to apply full antistatic and fire-protective measures when it is dispensed from conventional vaporizers with oxygen or nitrous oxide. I appreciate that mixtures containing a minute excess of the ether fraction are more dangerous in this respect. Perhaps my statement "azeotropic in all proportions" did not make this point so clearly as Boivin's; "No matter what the proportions in which Fluothane and ether are mixed, they will always tend to volatilize in azeotropic proportions" (CASJ 5 (4): 409 [Oct., 1958]).

2. Halothane and ether are pharmacologically incompatible in man, their cardiovascular effects being adversely additive. From a clinical point of view the method by which this effect was demonstrated may be regarded as "ludicrous"; but it is, nevertheless, a recognised pharmacological procedure. Incidentally, in a few cases investigated, the administration of ether after a period of halothane anaesthesia did not provoke signs of circulatory stasis: circulatory collapse appears to be dependent on the continued and simultaneous administration of both drugs.

In the numerous considerations of the relative merits of halothane and other agents, those concerning the azeotrope are by no means the most serious, the effects of the azeotrope being to a large extent controllable. The most disturbing reaction to the introduction of halothane has been the attempt to revive interest in chloroform. Despite Dobkin's arguments (Brit. J. Anaesth. 33: 239 [1961]) chloroform remains virulently hepatotoxic, a fact which would seem to have been established beyond reasonable doubt by the tragic incidents courageously reported by Siebecker and Orth (Anesthesiology 17: 792 [1956]); all the skill in the world will not eliminate this hazard.

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