

CORRESPONDENCE

testing. If test results are negative, then the subsequent anesthetic management of the patient and his or her entire family will be simplified. Instead of exposing toddlers to the psychological trauma of an awake intubation, we can anesthetize them gently with a halothane inhalational induction. Instead of committing ourselves to prolonged neuromuscular blockade in patients with a full stomach and an untested airway, we can use a shorter-acting muscle relaxant such as succinylcholine. Instead of using ketamine in asthmatic patients, we can preserve the option of easily titratable inhalational anesthetic bronchodilators. I continue to believe that we may increase the risks to our patients when we unnecessarily exclude MH-triggering agents from our anesthetic armamentarium.

Can anesthesiologists carefully craft an anesthetic plan to meet the needs of patients whose caffeine halothane contracture test results are positive and who have several other medical problems? Absolutely. Malignant Hyperthermia Association of the United States Hotline consultants are available for consultation when anesthesiologists are

confronted by such challenging cases.* Should we create challenging cases by inadequately evaluating the MH susceptibility of patients who have experienced possible MH events? I believe the answer to this question is no.

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* Malignant hyperthermia experts may be reached for questions in nonemergency situations by phoning the Malignant Hyperthermia Association of the United States at 203-847-0407. In emergencies, malignant hyperthermia experts may be reached by calling Medic Alert, Index Zero at 209-634-4917.

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Corrections Regarding Rovenstine, Bellevue Hospital, and Metropolitan Hospital

To the Editor:—As an emeritus anesthesiologist with an interest in history and personal knowledge regarding New York, I would like to submit some elucidations regarding the excellent July, 1993 issue of *ANESTHESIOLOGY*.

It is a curious coincidence that confusion between New York University College of Medicine and New York Medical College appears twice in the same issue.

Greene¹ (p 164) incorrectly places Dr. Rovenstine at New York Medical College at Bellevue (*sic*) Hospital. Actually, Dr. Rovenstine was appointed to the University and Bellevue Hospital Medical College of New York University. Soon thereafter, the name was changed to "New York University College of Medicine." The hospital is "Bellevue," not "Bellevue."

Indeed, Frost² (p 193) quotes Rosenberg and Axelrod's³ error referring to New York Medical Center-Bellevue Hospital. She correctly refers to the New York Medical College and delineates its history from its founding as the New York Homeopathy College. She also mentions Ward's Island Homeopathy Hospital, which became Metropolitan Hospital. However, Metropolitan Hospital was on Welfare

Island (now called Roosevelt Island). Metropolitan Hospital Center is currently in Manhattan, at First Avenue and East 97th Street.

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