

ABSTRACTS

Editorial Comment: Material for this section is not abstracted in a uniform style. Many employ direct quotations only. Others are written in the more conventional form. At times there may be included a few opinions, personal to the abstractor, which, where they appear will be bracketed or labeled "Comment." The Editorial Office continues in its desire to receive correspondence from readers relative to the management of this section.

BECKETT, J.: *Anaesthetic Fatalities*.
Irish J. M. Sc. 6 ser. 656-661 (Oct.)
1946.

Anesthetic accidents should be anticipated and measures adopted to prevent their occurrence. As a rule, when death occurs under an anesthetic it is due either to the use of an unsuitable and dangerous agent, to inexperience or carelessness, or to defective apparatus. All anesthetics are dangerous. In the hands of an unskilled person, any agent may cause disaster. Newer agents and methods may add to the risk when used by the unskilled.

The barbiturates were readily accepted but reports of deaths following their use have stressed the need for caution in their use. Avertin, when first used, led to disasters until it was recognized that it was best used as an adjuvant to anesthesia rather than as an anesthetic in itself. Drugs used for spinal injection have caused catastrophes. Chloroform has been so widely discredited that nowadays there would appear to be no argument in favor of its use. Ether is regarded as the safest anesthetic in general use. Many of its disadvantages can be nullified by judicious premedication and proper administration. Nitrous oxide, either alone or with oxygen, has caused fatalities, even in skilled hands.

Improper use of agents or of apparatus has been the cause of many fatalities. Carbon dioxide has been given by mistake when the cylinder

has been exchanged for one containing O_2-CO_2 . Chloroform has been given by mistake from a bottle which supposedly contained ether. Endotracheal intubation has been the cause of serious trouble. The anesthetic was given through a tube which had slipped out of position with the result that the agent passed into the stomach instead of to the lungs. In another case it was found that the pressure of the gas caused the stomach to be torn when the anesthetist connected the gas apparatus to the intranasal tube. Excessive pressure resulted from opening a cylinder in a darkened room. The Junker inhaler is a potential source of danger, the tubes may easily be attached incorrectly with the result that the liquid anesthetic may be forced into the mouth tube. Cautery and electric lights have been responsible for explosions. Sudden, unexplained bleeding followed a quiet induction of inhalation anesthesia with immediate death of the patient.

Status lymphaticus has been given as the cause of otherwise unexplained deaths. A committee, set up by the Medical Research Council in 1926 came to the conclusion, after thorough study, that there was no evidence that status lymphaticus existed at all as a pathological entity. In almost all cases where death occurs under an anesthetic the autopsy fails to reveal any cause of death.

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