

(e) by improvement of administrative arrangements designed to obviate unnecessary repetition of identical examinations of the same subject,

(f) by a general study of certain medical conditions such as that of peptic ulcers, to identify the circumstances in which the establishment of a radiological diagnosis has or has not a definite influence upon the treatment or prognosis given.

VI. SUMMARY

1. The Scientific Committee on the Effects of Atomic Radiation established by the United Nations General Assembly accepts the view that the irradiation of human beings, and especially of their germinal tissue, has certain undesirable effects.

2. Information received so far indicates that, in certain countries (Sweden, United Kingdom, United States of America), by far the most important artificial source of such irradiation is the use of radiological methods of diagnosis and that this may be equal in importance to radiation from all natural sources. It is possible that such radiation may be having a significant genetic effect on the population as a whole.

3. The Committee is fully aware of the importance and value of the medical use of radiations but wishes to draw the attention of the medical profession to these facts and to the need for a more accurate estimate of the amount of exposure from this source. The help of the medical profession would be most valuable to make it possible to obtain fuller information on this subject.

4. The Committee would be particularly grateful for information through appropriate governmental channels on ways in which the medical irradiation of the population can be reduced without diminishing the true value of radiology in diagnosis or treatment.

REPORT OF THE NATIONAL FIRE PROTECTION ASSOCIATION'S COMMITTEE ON HOSPITAL OPERATING ROOMS

The National Fire Protection Association's Committee on Hospital Operating Rooms met in New York City, January 23 and 24, 1957, to consider certain amendments to the N.F.P.A. Pamphlets 56 and 565. Ralph M. Tovell and your reporter represented the specialty of anesthesiology. The agenda included a large variety of topics; however, the following is a brief report of the meeting.

It was decided that Pamphlet 565, covering the piping of noninflammable gases, which presently requires that certain oxygen supply shut-off valves be installed in protective boxes with frangible windows, should be modified to require also that the windows be large enough for satisfactory operation of the valve after the window has been opened. Surprisingly, there were several reports of difficulties with windows too small to admit a hand.

Current use of oxygen tents and the restrictions on types of fabrics used under them was widely discussed. Although there were varied opinions regarding the magnitude and nature of the hazards involved, the committee decided to make no changes in the present standards. However, a subcommittee was appointed to make an exhaustive investigation of ignition of various fabrics in oxygen enriched atmospheres.

One of the problems facing hospitals in the installation of centralized air conditioning in anesthetizing locations has been the high cost of using fresh air exclusively. Previous arguments against taking advantage of the significant economy in recirculating a large proportion of already cooled and humidified air were largely placed on the possibility of cross contamination with pathogens and also of accidentally introducing a flammable mixture into the system. The considered opinion of several members of the committee regarding the former and the experimental evidence gained through study of "ether trails" regarding the latter led to the conclusion that up to 70 per cent recirculation is permissible in an air-conditioned system common to all anesthetizing locations. There were some reservations voiced regarding the possibility of bacterial cross contamination,

with a general feeling that the bacteriological hazards could be evaluated in each hospital by its own staff. The subcommittee dealing with this subject was instructed to continue further investigation.

Readers will probably recall that about a year ago the N.F.P.A. Pamphlet 56, "Recommended Safe Practice for Hospital Operating Rooms," first included a provision permitting the manufacturers to envelop electrical equipment in a pressurized "blanket" of clean fresh air instead of requiring more bulky and mechanically difficult explosion-proof containers. The standard required that electrical equipment be enclosed in a case in which a positive pressure of 0.1 pounds per square inch was automatically maintained, and an alarm activated when the pressure fell. To reduce weight and facilitate fabrication, it was recommended that the pressure requirement be reduced to 1 inch of water.

Recent advances and a better understanding of how and why certain fabrics or textiles are less likely to produce static charges resulted in the formation of a subcommittee to draft new language for the explanatory section of Pamphlet 56.

The 1956 edition of the N.F.P.A. Pamphlet 56 contained for the first time a requirement that an electrical attachment plug be of "nonferrous character." Recent experimental work in England and the United States indicates that several metals hitherto considered "nonsparking" are not as safe as expected. In view of several investigations in progress, it was decided to delay consideration of any modification until there is reasonable expectation of permanence.

Standards were adopted for portable electrical equipment; these standards include certain physical requirements for safety but do not permit the use of any instruments and lights previously banned. The subcommittee dealing with this subject was charged with the responsibility of editing the wording for the Pamphlet.

Ground detectors were discussed and a communication was read offering recommendations to improve this electrical system. The subcommittee dealing with this subject assumed the responsibility of working out the detailed wording.

Ralph Tovell was assigned the revision of the "Recommended Regulations," Section 14-2 of Pamphlet 56. He has prepared a first draft of the material which will be submitted to members of the Committee for action by letter ballot. If and when approved, it will be submitted to ANESTHESIOLOGY for publication as an addendum to this report. This is a preliminary report; the recommendations will be officially acted upon at the next annual meeting of the N.F.P.A.

GEORGE J. THOMAS, M.D.