CORRESPONDENCE

MASSIVE ASPIRATION OF GASTRIC CONTENTS DURING OBSTETRIC ANAESTHESIA

Sir,—I was shocked to read the almost incredible tale of misfortune which befell the unfortunate patient who inhaled vomitus during a general anaesthetic for a forceps delivery, resulting finally in a state of chronic asphyxia. (Adams et al. Brit. J. Anaesth. (1969), 41, 176.)

At the end of the report the authors draw certain conclusions as guides for the management of similar problems in the future. However, they fail to stress, or even to mention, the most important lesson of all, that the whole series of catastrophes would have been avoided had the patient not been given a general anaesthetic. Until the point is more widely appreciated that general anaesthesia in the labour room is always dangerous, and that local analgesia (e.g. pudendal block, caudal block) is simple and satisfactory for such operations, there will be repetitions of disasters of this nature.

A survey carried out over a recent twelve month period has shown that in this hospital almost 92 per cent of forceps deliveries are performed under local analgesia. This percentage is steadily rising as our obstetricians become more and more convinced of the safety and desirability of local analgesia for these procedures. The nearer 100 per cent the figure becomes, the less the chance of a young woman being reduced to permanent ill-health or even dying as a result of exposure to the avoidable dangers of general anaesthesia for a forceps delivery.

M. C. NEWLAND
South Australia

The following reply to the above letter has been received:

Sir,—We agree with Dr. M. C. Newland that the emphasis must be upon the prevention of inhalation of gastric contents in the obstetric patient, and this risk can be minimized by use of local analgesic techniques.

Our publication was a case report intended to publicize, once again, the occurrence of such a catastrophe and to discuss the difficulties in management of a severe case of Mendelson's syndrome. It was not our brief to review the problems of providing pain relief for emergency forceps delivery; the use of local methods was discussed in a previous publication (McCormick, 1967). Jamieson (1963) reported a need for general anaesthesia in only 5 per cent of forceps deliveries.

A. P. ADAMS, Oxford
M. MORGAN, London
P. W. MCCORMICK, London

REFERENCES


SOME PROBLEMS IN THE USE OF STATISTICS

Sir,—

"I would have everie man write what he knows and no more."—Montaigne

I was amused by the risible Editorial on statistics that appeared in your May issue—particularly by the statement: "The published results of the National Halothane Study (1966) of some 800,000 cases are conspicuously lacking in P values and point to the fact that even with such enormous numbers it may be impossible to establish firmly, by statistical means, the incidence of a side effect with a very low frequency; a difficulty not doubt aggravated in this particular work, by the inherent variability of material from many sources."

Your readers will be glad to know that the final report on the National Halothane Study is now available.* Over half of the 418 pages of the report are concerned with the statistical analysis of data from the study. Some of the most outstanding statisticians in the United States participated in this study. They include Drs. Yvonne M. M. Bishop, Byron W. Brown, W. Morven Gentleman, John P. Gilbert, Lincoln E. Moses, Frederick Mosteller and John W. Tukey.

Perhaps the most significant contribution of this study are the new statistical techniques that were evolved to analyze these data. Particular attention should be directed to The Smear-and-Sweep Analysis, Smoothed Contingency-Table Analysis, Jack-knifing Techniques and Analysis by Regression Methods. In the preliminary report that appeared in the Journal of the American Medical Association references to statistical analysis were not included because they were voluminous.

J. WELDON BELVILLE
Stamford, California


We are not amused. We carefully quoted the preliminary report of the National Halothane Study, which was all the information available at the time our Editorial was written. Dr. Belville does not challenge the accuracy of our quotation.

Examination of the final report now available gives us no cause to depart from our position quoted by Dr. Belville. We quote verbatim from page 180 of this final report "The possible rare occurrence of halothane-induced hepatic necrosis after single or multiple administration could not be ruled out." We also draw attention to the fact that the investigation offers no statistically acceptable proof that this condition is more frequent with halothane than with other conditions.

Finally, from the end of one of the appendices on the methods of statistical analysis on page 380 we quote "The scope of the Study and delicacy of its analysis are far beyond anything previously available. The uncertainties in interpretation" (in this case of the death rates) "remain."

Eds.