However, this should not deter the scientific pursuit of data in connection with anaesthesia-associated mortality. Here in New South Wales the two systems have co-existed since 1960, when the Special Committee Investigating Deaths under Anaesthesia was appointed by the then Minister for Health in order to study the problem and advise him. Since then a major published Report (1970) has been produced, and anaesthetists individually have been given the views of the Committee on some 2000 deaths, most of which in fact have not occurred as a result of the anaesthetic.

The Coroner’s system of compulsory notification provides the basic information from which a request is made for voluntary co-operation with the Committee, and the study enjoys the support of more than 90% of anaesthetists.

Although it has taken many years to achieve, all other States in Australia now have similar Committees either in being or about to be set up, some by specific Act of Parliament (although ours in N.S.W. was not).

In short, whilst commending and urging the initiative of a permanent scientific study of anaesthetic mortality, I believe it is a mistake to link this to the abolition of the Coroner’s inquiry. The former does not suffer as a consequence of co-existence; and the community is not yet ready for the latter.

R. Holland
New South Wales, Australia

REFERENCES


Dr Scott’s Editorial acknowledges that there is some validity in the argument that a Coroner’s inquest may reassure relatives of a deceased patient that criminal negligence did not contribute to the death. However, surgeons and anaesthetists are faced with criminal proceedings following a Coroner’s enquiry only rarely. The contention is that valuable data is being lost in the present system, and that a more accurate determination of the factors associated with the death could be obtained by establishing a standing committee of enquiry. The role of the Coroner (or Procurator Fiscal) need not be preempted by such an arrangement.

EDITOR

ANALGESIA IN LABOUR

Sir,—In D. B. Scott’s (1977) excellent review of analgesia in labour there is the following statement: “Many authorities advocate the use of a test dose to avoid the subarachnoid or i.v. injection of substantial quantities of drug. The writer has to admit to not doing so because a positive result from a test dose, when no other warning of a misplaced catheter is present, is so infrequent. A compromise is achieved by using a short-acting drug (lignocaine) for the initial injection so that an unnecessarily high block will be of limited duration.”

I disagree most strongly with the omission of a test dose. Although dural or vascular puncture by the needle is diagnosed easily, puncture by the catheter may not be. This is illustrated by the following case report which involved my wife. Extradural block was administered by a consultant anaesthetist, for analgesia in labour. Introduction of the Tuohy needle was not followed by any signs of dural puncture. The catheter was introduced and the full dose of the local anaesthetic was injected. Within 5 min my wife complained of numbness up to the clavicles, her pulse rate decreased to 50 beat/min and the systolic arterial pressure to 45 mm Hg. The administration of atropine i.v. and the rapid infusion of 1 litre of fluid restored her cardiovascular state. Fortunately, the block did not extend to the phrenic nerve roots and the foetal heart was unaffected.

The use of a test dose of local anaesthetic would have prevented these disturbing events.

Surely, the occurrence of any hypotension during labour, even excluding that of the severity encountered in a total spinal blockade, should be avoided at all costs. Five minutes’ delay in the onset of analgesia is a small price to pay.

J. E. Boys
Bury St. Edmonds

REFERENCE


SIR,—I should like to thank Dr Boys for his kind remarks on my article. I realized that my views on the use of a test dose during the performance of an extradural block were contentious and would arouse comment. However, I was not advocating the abandonment of the use of a test dose, as I know many anaesthetists have great faith in this manoeuvre, but, in honesty, I could not advocate test doses unless I used them myself.

I suggest to Dr Boys that, in his wife, there may have been a high extradural block. It is not infrequent for 10 ml of solution to produce (often quite rapidly) a high thoracic block similar to that described. If this were so, a test dose of, say 2 ml probably would have been unpredictive of the high block.

As unexpectedly high blocks can occur even with the catheter in the extradural space, my view is that the anaesthetist should be capable of rapid and effective treatment of hypotension (and apnoea should this occur). I believe that in the situation described by Dr Boys a vasopressor would have restored the arterial pressure much more quickly than the use of a large volume of i.v. fluid (assuming, of course, that the patient was in the lateral position). As I mentioned in my article, the view is gaining ground that the dangers of these drugs, given in the correct dosage, have been exaggerated in regard to the uterine blood flow.

Five minutes of extra duration of pain does not sound very much unless, of course, you happen to be the patient.

D. B. Scott
Edinburgh
This little book is a mixture of autobiography and philosophy. Obviously, it will be of interest to the many anaesthetists throughout the world who know Dr Grant-Whyte personally. However, it can be recommended to a wider readership by virtue of the attractive and readable style in which the author describes his varied and interesting life, his world-wide travels, his meetings with many of the great contemporaries, in medicine generally and anaesthesia in particular, and his work to reduce the misuse of drugs.

Alistair A. Spence


This book is intended primarily for the practising anaesthetist, but is also written for the more senior anaesthetist who wishes to be kept up to date with recent advances and it would be excellent reading for the rest of the obstetric team. It has obviously been written by someone who has a wealth of clinical experience and has the ability to communicate that experience to the reader in clear and concise terms.

The book starts with a chapter on the history of obstetric anaesthesia and continues with sections on the physiology of pregnancy and labour and the pharmacology of drugs used in labour, all of which are interesting, accurate, and up to date.

Dr Matthew Carty has written the chapter on "Modern Management of Pregnancy and Labour" which blends in well with the remainder of the book.

When writing on "The Relief of Pain in Labour", Dr Moir deals in detail with all aspects including the psychological preparation of the patient, systemic and inhalation analgesia, the use of various regional analgesia techniques and, finally, general anaesthesia. The details of the various methods used are clear and easily followed, although not everyone will agree with all the practical aspects that are outlined. When locating the extradural space, for instance, the author uses a syringe loaded with local anaesthetic solution and advocates using a jet of this liquid to push away the dura and hence diminish the risk of dural puncture. This is followed by saying that not more than 0.5 ml should be used at this stage and it is difficult to see how this volume of fluid would have any effect on the position of the dura. To eliminate the risk of giving a total spinal, it is suggested that a test dose of 3 ml of the local anaesthetic should be given. If, after a 5-min interval, paralysis of the toes occurs, this is said to be confirmation of an intrathecal injection. Unfortunately, in a substantial proportion of cases, the intrathecal injection of bupivacaine does not cause paralysis of the toes and this is, therefore, an unreliable sign. However, following this section, a well-reasoned plea is made for the re-introduction of spinal analgesia in labour and there are very many people who will agree with Dr Moir’s views that this technique has a place in modern obstetric anaesthetic practice.

The chapter on "Selection of Anaesthesia" expresses very sensible attitudes on breech delivery, multiple births and Caesarean sections and this leads to an extensive section on Obstetric, Anaesthetic and Medical Complications.

The final part of the book is devoted to "Resuscitation of the Newborn" which, although short, contains all the essential information required for immediate resuscitation. It is a pleasure to see the comprehensive list of references at the end of each chapter and to note that many of them are as up to date as 1976. How gratifying it would be if all modern textbooks followed this example.

This is an excellent book, eminently readable and containing all the important information that a practising obstetric anaesthetist would require. There are very few printing errors and at £8 it is relatively cheap for a medical textbook. It should certainly be present in the library of every anaesthetic department and most obstetric anaesthetists would wish to own a copy.

R. L. Hargrove


This short monograph attempts "to put into one volume the core of information that a practising anaesthesiologist should know about the kidney". It begins with a review of renal physiology limited to renal haemodynamics, tubular transport mechanisms, concentrating and diluting mechanisms and the renin–angiotensin–aldosterone axis. This is followed by a section on basic clinical evaluation of the kidney. The renal effects of anaesthesia are considered, and this section demonstrates our ignorance of the effect of anaesthetic agents on the normal kidney. The influence of ventilation and hypotensive anaesthesia on renal function is not mentioned.

The recognition of methoxyflurane nephrotoxicity has stimulated an interest in renal physiology by anaestheticists, and the methoxyflurane story is told well. However, chapters on peri-operative events and renal function and on acute renal failure are disappointing. In the former, no attempt has been made to base a rational fluid regimen on the handling of water and solute by the kidney after operation. In the latter, no mention is made of potentially nephrotoxic agents such as frusemide and cephalosporin combinations. Similarly, the early diagnosis and management of the oliguric patient is considered too briefly.

The book concludes with chapters on anaesthesia in the anephric patient and on diuretics. In the latter, frusemide merits only eight lines.

In general the book is well presented, easy to read and demonstrates, all too clearly, the yawning gaps in the anaesthetist’s knowledge of the kidney.

D. R. Bevan