prospective study of mortality in the critically ill who are receiving infusions of neuromuscular blocking drugs.

J. M. Hunter
E. S. Shearer
University of Liverpool
Liverpool


FACE MASKS AND SPINAL ANAESTHESIA

Sir,—The wearing of face masks while performing spinal anaesthesia remains a controversial issue. Although there is little clear evidence for the transmission of infection to the patient during this procedure, we are reminded occasionally of the potential for serious morbidity [1]. It is therefore mandatory to consider the most appropriate way in which we can “pay attention to detail” [2] and attempt to prevent adverse events. Philips and colleagues [3] have presented evidence to support the contention that masks are effective in reducing bacterial infection, and consequently recommended their use. However, we believe their conclusions to be flawed in one respect. They compared contamination of agar plates when subjects were talking at the plates with and without the use of a face mask. In their study, they did not examine the effect of the subject remaining mainly silent for the 5 min of the study period. If the aim is to find ways of eliminating transmission of bacteria, we feel that this aspect should be examined. It may be that remaining silent for most of the period of insertion of a spinal may itself help prevent the dispersal of upper airway organisms. Remaining mainly silent during the procedure need not compromise the anaesthetist’s contact with the patient, as a full explanation of the procedure should be given before the start.

In order to examine the effect of speech on the dispersal of bacteria, we chose to simulate Philips and colleagues’ study with 10 anaesthetists as subjects. The subjects were studied under three different conditions: sitting silently, 30 cm from an agar plate; sitting talking, 30 cm away from an agar plate; sitting talking and wearing a face mask, 30 cm away from an agar plate. All agar plates were incubated at 37 °C for 24 h and colonies grown were examined and counted by a microbiologist blinded to the conditions.

Our results were as follows. In group one (sitting silent) one subject of 10 grew a total of one colony (0.1 colony/subject). In group two (talking without a face mask) five subjects of 10 grew a total of 44 colonies (4.4 colony/subject). In group three (talking with a face mask) three subjects of 10 grew a total of three colonies (0.3 colony/subject).

The large difference in numbers of colonies grown when the subject remained silent and when talking illustrates the importance of speech in the dispersal of upper airway organisms. This difference was significant at the *P* < 0.01 level when a paired Student's *t* test was performed. Although three times as many colonies were grown when talking while wearing a face mask compared with remaining silent without a face mask, this difference was not significant.

We suggest, therefore, that the act of speaking may itself promote the dispersal of bacteria from the upper airway, and that failing to control for this effect renders some of the conclusions of Philips and colleagues open to question. Face masks may help prevent the spread of bacteria, but our results show that remaining silent may achieve this aim at least as effectively. If the prevention of transmission of infection from the anaesthetist to the patient is paramount, then we suggest that the anaesthetist remain silent while performing spinal anaesthesia, whether a face mask is worn or otherwise.

S. W. O’Kelly
D. Marsh
*Queen Alexandra Hospital*
*Portsmouth*

PAIN ON I.V. INJECTION OF METOCLOPRAMIDE

Sir,—I was interested to read the report of Drs O’Kelly and Marsh. Their data are interesting and valid within a specific context. However, I believe it is unrealistic to propose that an anaesthetist should remain completely silent during the course of providing a spinal or extradural block, and I would even suggest that it would be bad practice to do so. I am amazed at the contortions that some wish to go through to avoid the taking of a simple, straightforward precaution. What motives are involved I cannot understand.

J. A. W. Wildsmith
*Royal Infirmary*
*Edinburgh*


