

Medical Matters.

DEATHS RESULTING FROM THE ADMINISTRATION OF ANAESTHETICS

The Report of the Committee appointed by the Home Office to inquire into the question of deaths resulting from the administration of anaesthetics shows that there is an increasing number of deaths from this cause, and that in the opinion of experts a certain number of these deaths are due to preventable causes, though a certain proportion are inevitable whatever the care and skill with which the anaesthetic is administered. The deaths rose from 5 in 1866 to 155 in 1905, and a return furnished by coroners for the year 1908 shows that the deaths reported to them in that year under anaesthetics were 235. The Committee have no statistics to show the ratio between the number of operations performed and the number of deaths under anaesthetics. They point out also that there is an important distinction to be drawn between a death from an anaesthetic and a death under an anaesthetic. They also state that anybody may at present administer an anaesthetic, and that this unregulated state of affairs constitutes a serious menace to the public, and should be regulated by law. They summarise their more important recommendations as follows:—

(1) Every death under an anaesthetic should be reported to the coroner, who, after inquiry, should determine whether it is desirable to hold an inquest or not.

(2) In the case of every death under an anaesthetic the medical certificate of death should specify the fact, whether the anaesthetic was the actual cause of death or not.

(3) No general respirable anaesthetic should be administered by any person who is not a registered medical or dental practitioner.

(4) Registered dentists should be confined to the use of nitrous oxide gas for dental operations, and should not employ the general respirable anaesthetics of longer duration.

(5) Intra-spinal anaesthesia should be practised only by registered medical practitioners.

(6) Practical and theoretical instruction in the administration of anaesthetics should be an essential part of the medical curriculum.

(7) Such instruction in the administration of nitrous oxide gas should be an essential part of the dental curriculum.

(8) In the case of any death under an anaesthetic in a hospital or other similar public institution, there should be a scientific investigation into the actual cause of death, conducted by the authorities of the institution.

The Committee suggest the appointment of a small Standing Scientific Committee on Anaesthetics by the Home Office, as much still remains to be learnt about them and their administration.

TYPHOID CARRIERS.

Further light has been thrown on the subject of typhoid "carriers" by the report recently submitted to the Local Government Board on the repeated occurrence of enteric fever in the Bradfield rural district. The author, Dr. R. W. Johnstone, after an exhaustive investigation, traced the outbreaks to two "carriers," and it is becoming evident that public health officials will find it advisable in the future to devote a considerable part of their energies to the detection of these cases. Probably the most convincing history of a "carrier" in this country has been put on record by Dr. D. S. Davies, Medical Officer of Health for Bristol, who traced the successive outbreaks of illness which followed on the employment of a woman cook in several public institutions. Some years ago in the United States a whole series of typhoid epidemics was traced to a woman cook, who was found to be a bacillus "carrier," and who received the soubriquet of "Typhoid Mary." She was quarantined on North Brothers' Island, New York, where she has remained for the past three years under supervision. She has recently been released by the Board of Health, subject to the conditions that she does not resume her occupation of cook and that she reports herself regularly to the Board. In the same way several "carriers" have been found in the ranks of the army, and the prolonged detention of some of them in the military hospitals was the subject of recent questions in Parliament.

In view of the fact that even "carriers" themselves are usually quite unaware of their dangerous condition, it is obvious that all those engaged in the handling and preparation of foods should be required to observe such personal cleanliness as will minimise the risks.

The powerful germicidal effect of Izal on bacilli of the coli-typhoid group has been demonstrated by bacteriologists, and those whose occupation involves the touching of food would be well advised to wash their hands frequently throughout the day with Izal soap, and the same precaution may usefully be adopted by nurses in attendance on fever cases.

The whole subject of "carriers" is one of the romances of preventive medicine, and a little manual on the cure of the "carrier," written by various authorities for Messrs. Newton, Chambers and Co., Ltd., of Thorncliffe, near Sheffield, which we understand will be forwarded to nurses on receipt of a post-card, is of much interest. The danger of "carriers" is one with which all nurses should acquaint themselves, and Messrs. Newton Chambers are doing useful service in placing this manual at their disposal.

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