

THE NEED FOR BETTER INSTRUCTION IN THE ADMINISTRATION OF ANÆSTHETICS.

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THE NEGLECT OF THE TEACHING OF ANÆSTHETICS.

THE views recently expressed by Mr. Pridgin Teale on the need for reform in modern medical education must intensify the doubts already existing in the minds of thinking men as to the wisdom of our methods of instructing medical students. Broadly speaking, the gist of Mr. Teale's contention is that, while the time of the curriculum is lengthened, and while the number of subjects students are supposed to know is increased, we turn out at the end an article very unfit for the purpose for which it is primarily designed. If a consensus of opinion of hospital teachers were taken on this subject, I fear that few, if any, could deny that in the year 1896 it is possible for a man to obtain a legal qualification to practise without ever having performed many of the more common practical duties of his profession, such as the personal supervision and treatment of fractures, the performance of the so-called minor operations, or prescribing well and palatably for common maladies. Last, in the estimation of many, but first in my own, comes the administration of anæsthetics. Probably a considerable number of men become qualified year by year and pass into practice with little or no practical acquaintance with one of the most responsible duties which falls to the lot of a medical man to perform — the safe and satisfactory administration of an anæsthetic. Much of what I may term, without offence, the neglect of the teaching of anæsthetics in our schools is due to the manner in which the subject is sometimes looked at from the operator's point of view. The extraordinary opinion "that a good deal too much is made of anæsthetics" is still expressed by some surgeons who ought to know better; and even in these modern days the aid of a nurse or the surgery porter is sometimes thought ample

and sufficient! It is this spirit and education of this kind that produce the haphazard methods of practice which are so often experienced, or which, on the contrary, produce such dislike of the responsibility of giving anaesthetics, that medical men refuse to administer them at all.

THE ADMINISTRATION OF ANÆSTHETICS IN REMOTE DISTRICTS.

It will not be out of place to mention here one's actual experience of the administration of anaesthetics as too often conducted in private practice in remote districts. The patient, in a state of much nervous terror, has had a full meal, probably also some alcohol! The administration of chloroform is commenced, without undoing the corset in a woman, and without examining the mouth for foreign bodies or "false teeth." A transient application of the stethoscope suffices to assure the patient that the "heart is all right." The operator notices with quiet dismay that the administrator has no gag at hand in case of spasmodic closure of the jaws, no forceps to pull forward the tongue, while that universal accompaniment of all anaesthetic apparatus, a tracheotomy-tube, is conspicuous by its absence. We all know that by a mixture of good fortune and careful supervision on the part of the operator such cases commonly do well. On the other hand, disaster is simply courted, and the patient may be rescued from the jaws of death by prolonged artificial respiration. A piece of vomited meat may be hooked out of the larynx "just in time," and other exciting adventures may occur, which are most embarrassing and condemnable, especially to an operator whose hands are already full. We hear of the deaths from anaesthetics; we do not hear of the "narrow escapes"! These are probably sufficiently numerous and, I need hardly say, should be avoided altogether.

NO ANÆSTHETIC WITHOUT RISK.

Rendering a patient unconscious by any anaesthetic agent involves risk to life. This risk can only be reduced to the right infinitesimal proportions by great care and a theoretical and practical knowledge of the subject. I perhaps may be allowed to express my opinion that this dictum especially

applies to chloroform. There is perhaps no anæsthetic agent so safe as nitrous oxide gas; yet a detached tooth may easily enter the air-passages of an unconscious patient seated in the dentist's chair. It is perhaps singular that the public take a more accurate view of the matter than many medical men. In my own experience it is not so much an operation that the patients fear, as the anæsthetic. As a profession, it is our bounden duty to lessen this apprehension; and I have said enough to prove that there is a strong and pressing case for the education of all medical men in the theory and practice of the administration of anæsthetics.

INSTRUCTION IN ANÆSTHETICS SHOULD BE COMPULSORY.

The exact amount and nature of the instruction given in the theory and practice of anæsthesia at the different medical schools in the provinces and London is difficult to ascertain accurately. A public comparison between the manner in which this duty is performed would be very invidious. One broad and indisputable fact stands forth. There is ample scope and opportunity for instruction in the matter, the amount of material being very large, and the number of operations of all kinds very great, far greater than ten or fifteen years ago. At some hospitals—notably the London and my own—a certain number of regular lectures are given, and are generally well attended and appreciated. Moreover, the appointed administrators are always ready to instruct practically any students who wish to acquire the knowledge. At many hospitals the excellent rule obtains that candidates for the appointments of house surgeon and house physician shall produce certificates of having personally conducted a certain number of cases of administration, and of proficiency in the theory and practice of anæsthetics. The authorities of these institutions, with the investigations of the coroner and his jury hanging over their heads, take steps to protect the safety of the hospital patients, while the public at large, perhaps their own wives and families, have no such safeguard. Those junior members of the profession who have been fortunate enough to hold the post of house surgeon at a large hospital are

usually proficient in the administration of nitrous oxide, chloroform, and ether. We all know that only a minority of qualified men can hold these posts. It is for the profession generally we have to legislate. While it is true that any student has the opportunity, if he can take advantage of it, of acquiring a good practical knowledge of the administration of anæsthetics, it is equally true that few especially study the subject. What is worse, the opportunities often afforded to "dressers" and students are irregular. There may be, and generally is, an absence of that severe supervision and inculcation of extreme caution which should be exercised in matters involving issues of life and death. Indeed, we are forced to the old inevitable conclusion: that unless the subject of instruction in the administration of anæsthetics is made compulsory, and the examination spectre haunts the rest of student and teacher, regular education in this most important practical duty will be relegated to the limbo of obscurity. It is a somewhat humiliating statement to make, but I know it is a true one, that students work for examinations and examinations alone. With this indisputable fact before our minds, it seems obvious that the examinations should be as far as possible directed towards those subjects which are most useful and important, not in the career of a medical student, but in the career of a medical man. Examinations thus planned and conducted have an important educational influence. If once it were an announced fact at the College of Surgeons and elsewhere that the theory and practice of the administration of anæsthetics formed a part of the examination, a stimulus would be given to the subject of education in this important branch, which would be of a far-reaching and very beneficial character. At the risk of being called old-fashioned, I would respectfully submit that, so far as surgery at all events is concerned, examination in ordinary and common maladies and methods of treatment is of the first importance, educationally, for the future medical man. Considering that the vast bulk of the candidates pass into general practice, they will not commonly be called upon to remove stones from the cystic duct, or to pronounce a definite opinion upon a complicated scrotal tumour! It is manifest, however, that such

ordinary routine duties as the administration of anæsthetics will be unavoidable, and will certainly fall to their lot; and it seems to me, speaking with all diffidence, that the tendency to examine in difficult and obscure subjects, to the neglect of common and ordinary ones, is a serious defect in modern medical education.

EXAMINATION IN ANÆSTHETICS DESIRABLE.

There can be no doubt that this subject should at once receive the earnest attention of the General Medical Council, and education and a certain amount of proficiency in the administration of anæsthetics should be insisted upon as part of the ordinary curriculum. The examining bodies should let it be publicly known that questions on the theory of action of the different anæsthetics, and on their difficulties or dangers, should form part of the ordinary papers. It would be too much to expect that every medical man could be rendered a highly-skilled anæsthetist. He should, however, be able and competent to select an appropriate anæsthetic for any given case of operation, and he should be competent to administer the common agents with confidence and celerity. Especially should he be prepared with a good knowledge of such preliminary measures as are essential to the safety of the patient—emptying the stomach of food, removal of thoracic constrictions by tight clothing, inspection of the mouth for artificial dentures, and the like. The remedial measures to be employed in cases of sudden symptoms of danger should be clearly understood, and the administrator should be prepared with the requisite apparatus.

GENERAL PRACTITIONERS AND ANÆSTHETICS.

A difficulty at once suggests itself as to what cases or class of cases it is justifiable for a man with an ordinary knowledge and experience to undertake. The answer is obvious. In districts remote from large cities it is the duty of every man bravely to encounter difficult and dangerous cases, and to do his best by them. In other circumstances the rule is widely different. If medical men were well educated in the theory and practice of anæsthesia, they would realise for themselves

that for nose and mouth operations, associated with severe hæmorrhage, for cases where respiration is embarrassed by aneurism or tumour, or for prolonged abdominal operations, the administration of the anæsthetic should be entrusted to those who have given more than the ordinary time and attention to the subject.

The satisfactory administration of anæsthetics in many cases of severe illness—as, for instance, empyema—is fraught with risk. Safety to the patient and comfort to the operator can only be ensured by long experience, caution, and skill. It is quite impossible to suppose that we can educate all medical men to such a high pitch of excellence. We should, however, enable them to attain to a sufficient knowledge to be fit to estimate the limit of their own capabilities, and to know when a given case is difficult or dangerous. We should aim, too, at instilling the principles of the subject into every student. If once a young practitioner grasped the fact that every case of anæsthetics is a study in itself, in the selection of the appropriate agent, for safety and for the operator's convenience, if once he fully appreciated that every case has its peculiar risks or after-dangers, he would continue to improve as years advance. At all events, the medical teachers would have done their duty by equipping him as well as possible for one of the most important after-duties of professional life.

THE GENERAL MEDICAL COUNCIL AND THE TEACHING OF ANÆSTHETICS.

In concluding this article, I am expressing the feelings of many by a sincere wish that Mr. Teale or some other enlightened and influential member of the General Medical Council will seriously consider the advisability of the adoption of compulsory education in the subject of anæsthetics. This must not be an addition to the curriculum. It should rather be looked upon as the proper carrying-out of an important part of it. Besides attendance upon a certain number of lectures and demonstrations, it should be compulsory for every medical man before qualification to produce evidence that he has administered anæsthetics to a given number of cases under the supervision of a skilled person.

I have spoken of the obvious duties of the examining bodies in this matter. It only remains for me to point out that if the leading anæsthetists of our large towns and others interested were to select a deputation to approach the General Medical Council upon the subject, they would have every chance of obtaining a courteous reception and an opportunity for fairly expressing their views. I feel sure that action in this respect would command the approbation of the entire profession, as well as of the public.

HYPNOTIC ANÆSTHESIA.

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ESDAILE'S MESMERIC OPERATIONS.

No account of hypnotic anæsthesia would be complete without reference to Esdaile. When he commenced his experiments Braid had not established the subjective nature of the phenomena, and Esdaile shared the erroneous theories of the mesmerists. This apparently had little effect upon his success. His first painless mesmeric operation was performed at Hooghly on April 4th, 1845. At the end of a year he reported 100 successful cases to the Government. A committee, largely composed of medical men, was appointed to investigate his work. Their report was favourable, and Esdaile was placed at the head of a Government hospital in Calcutta for the express purpose of mesmeric practice. From this date until he left India in 1851 he occupied similar posts. He recorded 261 painless capital operations and many thousand minor ones, and reduced the mortality in the removal of the enormous tumours of elephantiasis from 50 to 5 per cent. Patients flocked to him from all parts of the country. Before employing mesmerism he had only operated on eleven scrotal tumours in six years. Afterwards he had more cases of this kind in a month than all the other hospitals in Calcutta in a year.

In 1853 Esdaile indignantly protested against the statement that ether was the earliest anæsthetic. He said: "The simple and notorious fact is that painless surgery by means of