Sir,—In a letter sent to all doctors and dentists in the United Kingdom on 3 January 1974 the medical assessor for the Committee on Safety of Medicines drew attention to 1,500 reports concerning jaundice following the use of halothane for anaesthesia. These reports had been volunteered to the committee under its usual reporting procedure for adverse reactions to drugs. He states that the committee accepts that the findings of the analysis of these reports published by Dr. W. H. W. Inman and Professor W. W. Mushin (5 January, p. 5) "add support to the previous published evidence that jaundice may on occasion follow single doses of halothane." He goes on to point out that the report by Dr. Inman and Professor Mushin "shows that ... multiple exposure to halothane carries a relatively greater risk than single exposure," the risk being apparently dependent on the interval between administrations of halothane.

This belief may well prove to be correct, but before it is accepted and current clinical anaesthetic practice changed—an action of enormous consequence for anaesthetists and patients alike—for health—then grounds upon which it is based need full examination. We are of the opinion that the evidence reported so far does not support the belief.

Dr. Inman and Professor Mushin maintain that a causal connexion is not attributable to halothane, but that the reports are highly selected. Moreover they state that there is fairly general agreement that out of several possible factors multiaerosol administration of halothane is the common one. In support of their conclusions they cite the paper by Professor Mushin and his colleagues in which the risk of jaundice was estimated to be between 1 in 6,000 and 1 in 20,000 among patients exposed to halothane more than once within a four-week period. This incidence was calculated from a survey of patients anaesthetized in Cardiff. Out of 123,516 patients given a general anaesthetic, two cases of jaundice occurred. One was due to hepatic necrosis attributed to anaesthesia, one of these having had two halothane anaesthetics and one having had non-halothane anaesthetics. On the basis of the fact that 300 patients had halothane anaesthesia in an estimate that 7% of these had two exposures within 28 days (based on a local survey of 558 consecutive patients coming to surgery), from the occurrence of this single case of hepatic necrosis they calculated the incidence to be 1 in 6,000 (70% of 123,516 = 86,461; 7% of 86,461 = 6,052).

Calculating from their figures the incidence of hepatic necrosis from two non-halothane anaesthetics on exactly the same basis we find that the risk is 1 in 2,594. One would have to conclude that patients should be almost three times less likely to develop hepatic necrosis with repeated administration of halothane within 28 days than of other anaesthetics. This estimate may well be correct, but until such a connexion is definitely established it is probable because there is no statistical sense in either case.

In view of the bias inherent in the reports to the Committee on Safety of Medicines we propose that to obtain a valid conclusion requires a prospective epidemiological study. We propose that an estimated incidence of jaundice following halothane anaesthesia repeated within four weeks of between 1 in 6,000 and 1 in 20,000 this would require the prospective study of 2,000,000 randomly allocated anaesthetics to satisfy the null hypothesis, a formidable undertaking. This is of the order of study that has been attempted in one year in N.H.S. hospitals. Until this has been done we respectfully suggest that the assessor's letter is needlessly alarmist.—We are, etc.,

J. F. ROBSON
J. NORMAN
Department of Anaesthetics, Royal Postgraduate Medical School, London W.12

Chronic Bronchiolitis

Sir,—Your interesting leading article (23 February, p. 299) correctly says that treatment of this condition may be difficult. In my part of the world the disease is very rare and creates much disability and suffering. Accordingly I sought advice on treatment from a former colleague in the Public Health Laboratory Service whose experience of the problem was much greater than the usual. He advised two 170-mg capsules of clomocycline four times a day for not less than six weeks. In a single, long-suffering patient the benefit was dramatic, including relief of symptoms and a fall in antibody titre.

One successful case is little enough evidence, I agree; but so few doctors seem to realize the need for substantial dosage and a relatively long course of treatment that you may think it worth presenting the details.—I am, etc.,

J. W. HOWES
Newtonmore, Inverness-shire

Colour Television Hazard

Sir,—A recent tragedy in this town has prompted me to write in the hope of publicizing the potentially lethal hazard of the colour television set, which is becoming part of the fabric of life in Britain.

Four children were admitted to this hospital late one evening from a home in which a colour television set had gone up in smoke. The youngest two were brought in dead (ages 1 and 2 years). The third (aged 4 years) was in acute respiratory distress and the fourth (aged 7 years) was moribund. This last child died after two days in the intensive care unit on a respirator (she had fixed dilated pupils and was in a state of deep coma). All had been sleeping soundly in bed. The father was working a night shift; the mother had gone into the neighbouring house for a while, leaving the television set switched on. She was later summoned to her house to find it filled with copious noxious fumes.

A few evenings after this terrible event a colour television set in the residents' mess of this hospital burst into smoke, when a doctor had sufficient presence of mind to disconnect the set from the mains supply. It would seem that there may be some defect in the design or construction of colour television sets as similar episodes have been reported from other areas, though I have not heard of loss of life occurring elsewhere.

It seems an urgent situation which demands that all parents be warned about the danger of leaving a colour (or black and white?) television set connected to the mains supply and then leaving children unattended in the home.—I am, etc.,

B. H. GOODRICH
Poole General Hospital, Poole, Dorset

Death during Dental Anaesthesia

Sir,—In your medicolegal column (2 February, p. 207) you report the inquest on a recent death during dental anaesthesia at which the cardiac arrest was attributed to asphyxia. May I put on record my reasons for doubting the validity of this explanation?

Four days after the cardiac arrest, when the patient was still alive though decerebrate andencing the teeth, the car-x-ray showed a carious pulp was visible. He also confirmed that, during this interval of time, the patient did not show any sign of distress.

A week after this talk with the dentist and two weeks before the inquest Professor Mushin and Dr. Newtonmore, Inverness-shire, were asked by the coroner if the condition of the head, but not of the hands. He gave six breathes of nitrous oxide (without oxygen) and then withdrew the mask, after which breathing continued normally and there was no further movement. Nothing amiss was noticed until suddenly within three minutes of needling the vein for induction, the patient collapsed with cardiac arrest.

The dentist confirmed the occurrence of events he had already described to me and was certain that the cardiac arrest occurred within three minutes of needling the vein.

I attended the inquest and have a transcript of the proceedings in front of me. Referring to the patient's colour, the dentist said that the face was pale throughout. He gave the position of the chair as between 50° and 60° from the vertical, but later put it at "something in the order of 50°", indicating with his arm a tilt of about 45°. Referring to the patient's tint as a good deal more upright than 45°.

I attended the inquest and have a transcript of the proceedings in front of me. Referring to the patient's colour, the dentist said that the face was pale throughout. He gave the position of the chair as between 50° and 65° from the vertical, but later put it at "something in the order of 50°", indicating with his arm a tilt of about 45°. Referring to the patient's tint as a good deal more upright than 45°.

I attended the inquest and have a transcript of the proceedings in front of me. Referring to the patient's colour, the dentist said that the face was pale throughout. He gave the position of the chair as between 50° and 65° from the vertical, but later put it at "something in the order of 50°", indicating with his arm a tilt of about 45°. Referring to the patient's tint as a good deal more upright than 45°.

I attended the inquest and have a transcript of the proceedings in front of me. Referring to the patient's colour, the dentist said that the face was pale throughout. He gave the position of the chair as between 50° and 65° from the vertical, but later put it at "something in the order of 50°", indicating with his arm a tilt of about 45°. Referring to the patient's tint as a good deal more upright than 45°.

I attended the inquest and have a transcript of the proceedings in front of me. Referring to the patient's colour, the dentist said that the face was pale throughout. He gave the position of the chair as between 50° and 65° from the vertical, but later put it at "something in the order of 50°", indicating with his arm a tilt of about 45°. Referring to the patient's tint as a good deal more upright than 45°.

The second death was that of a young woman. Referring to the patient's colour, the dentist said that the face was pale throughout. He gave the position of the chair as between 50° and 65° from the vertical, but later put it at "something in the order of 50°", indicating with his arm a tilt of about 45°. Referring to the patient's tint as a good deal more upright than 45°.

I attended the inquest and have a transcript of the proceedings in front of me. Referring to the patient's colour, the dentist said that the face was pale throughout. He gave the position of the chair as between 50° and 65° from the vertical, but later put it at "something in the order of 50°", indicating with his arm a tilt of about 45°. Referring to the patient's tint as a good deal more upright than 45°.