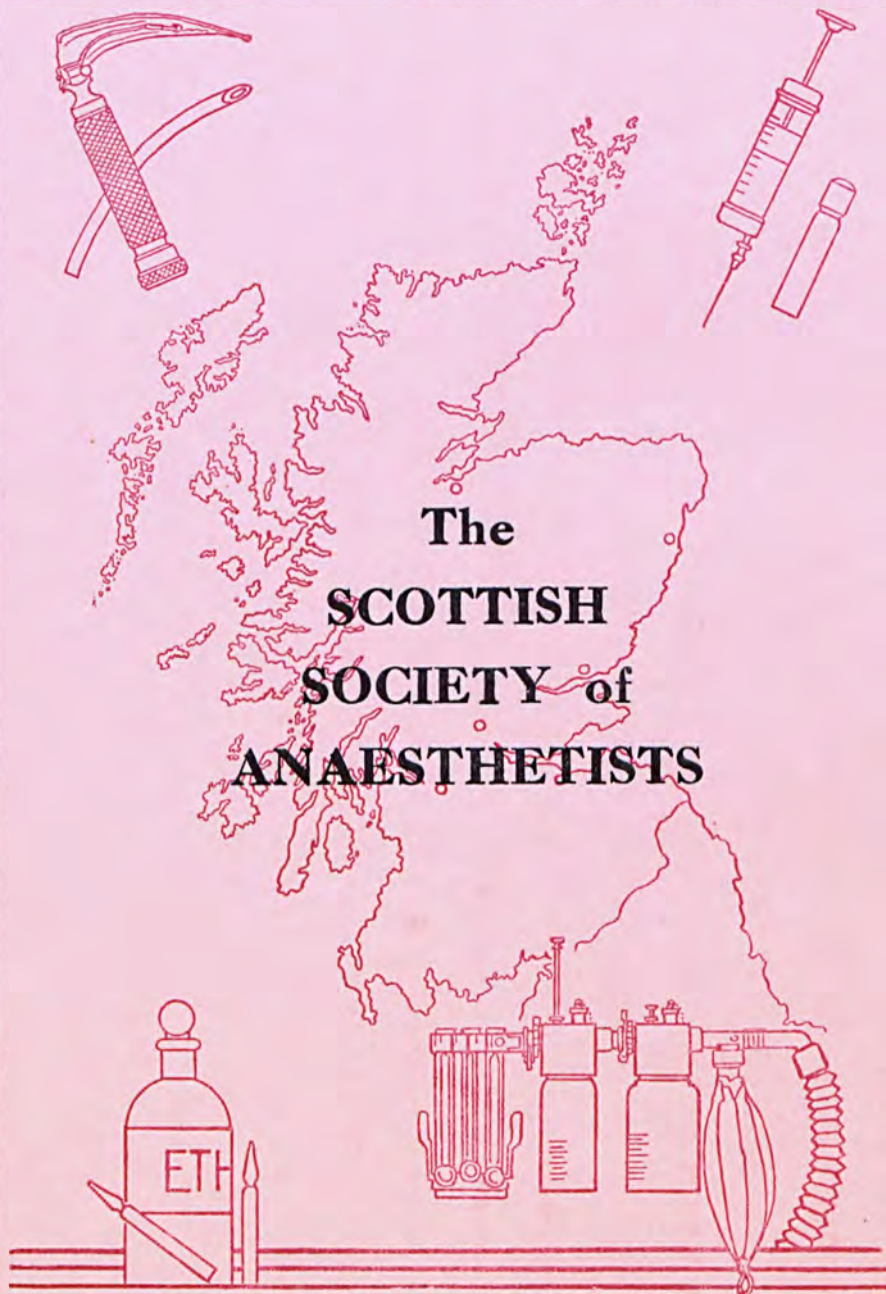


NEWS LETTER



Founded
20th February, 1914

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No. 6

THE SCOTTISH SOCIETY OF ANÆSTHETISTS

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Editor of Newsletter

Dr. M. SHAW

12 Calderwood Road, Newlands, Glasgow, S.3

“The objects of the Society will be to further the study of the science and practice of anæsthetics and the proper teaching thereof, and to conserve and advance the interests of anæsthetists.”

“Ordinary membership will be restricted to members of the medical profession practising the speciality of anæsthetics.”

—Extracts from the Constitution.

Subscription

£1 per annum.

10/- for Registrars and Senior House Officers.

Presidents of the Society since 1950

1950—Dr. John Gillies.	1958—Dr. R. N. Sinclair.
1951—Dr. H. H. Pinkerton.	1959—Dr. Alison Ritchie.
1952—Dr. T. J. C. MacDonald.	1960—Dr. A. Tindal.
1953—Dr. W. M. Shearer.	1961—Dr. J. W. L. Bain.
1954—Dr. I. M. C. Dewar.	1962—Dr. Margaret Muir.
1955—Dr. F. G. Gibb.	1963—Dr. Alex. C. Forrester.
1956—Dr. H. Bruce Wilson.	1964—Dr. J. D. Robertson.
1957—Dr. R. Lawrie.	1965—Dr. A. G. Miller.

Guest Speakers at Annual General Meeting

1951—Dr. W. W. Mushin.	1959—Dr. Margaret Hawksley.
1952—Dr. M. H. Armstrong Davison.	1960—Sir Dugald Baird.
1953—Dr. Ivan Magill.	1961—Dr. G. S. W. Organe.
1954—Prof. R. R. Macintosh.	1962—Prof. W. D. M. Paton.
1955—Dr. T. Cecil Gray.	1963—Prof. E. A. Pask.
1956—Dr. M. D. Nosworthy.	1964—Dr. Martin Holmdahl.
1957—Dr. J. Alfred Lee.	1965—Prof. J. G. Robson.
1958—Dr. L. B. Wevill.	

Honorary Secretaries of the Society since 1950

1950-53—Dr. R. N. Sinclair, Glasgow.
1953-57—Dr. A. G. Miller, Glasgow.
1957-63—Dr. M. Shaw, Glasgow.
1963 —Dr. A. H. B. Masson, Edinburgh.

Honorary Members

Dr. D. Keir Fisher, Glasgow.
Dr. John Gillies, Edinburgh.
Dr. T. J. C. MacDonald, Aberdeen.
Dr. D. S. Middleton, Edinburgh.
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Dr. Ellen B. Cowan, Glasgow.
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Dr. Charles Stewart, Dumfries.
Dr. T. T. Stocker, Glasgow.
Dr. Elaine Stocquart, Glasgow.
Dr. Sheina Watters, Edinburgh.

The President Speaks . . .

. . . Dr. A. G. MILLER

SCANDINAVIAN TOUR

June 13-20, 1965

For the first time in its existence the Scottish Society of Anaesthetists decided this year to undertake a visit to foreign centres, and so on Sunday, 13th June, a party of fourteen members, including three wives, assembled at Renfrew Airport for a week's visit to hospitals and laboratories in Denmark and Sweden. It was an encouraging start to the trip to see the export shop in the Airport surrounded by anaesthetists filling up forms for their duty free liquor. The flight to Copenhagen takes about three hours and by 5 p.m. we were settled in our hotel.

Next day we were due for a visit to the Testa Laboratory of Ambu International. Dr. Hesse, who is in charge there, is a very delightful person and, as one might expect, a very dedicated enthusiast on the subject of emergency resuscitation. We heard from him the story of the development of the Ambu bag and training mannequin. Two developments of the Ruben's Valve were demonstrated. It had been felt that the standard model was too complicated for the non-expert to take to pieces, sterilise and reassemble correctly: the new modifications employ either a magnetic or elastic valve, both of which can be easily dismantled and sterilised by boiling. Following the visit to the factory we were entertained to a magnificent lunch at the Langeline Club near Copenhagen harbour. We were glad to see the Mermaid had had her head restored.

The following day was free, and some members visited a hospital in the morning and were lucky enough to find a cardiac bypass case in progress. In the afternoon we took the opportunity of a bus tour to Elsinore where we visited Kronborg Castle of Hamlet fame. We then crossed by ferry to Hålsingborg in Sweden for a short visit.

The next day—Wednesday—was a busy one. A call at 5.30 a.m. for the 7.30 flight to Stockholm: this is by Caravelle jet and takes an hour. We were met at Arlanda Airport by a representative of Astra Laboratories and taken by bus to Danderyd's Hospital on the outskirts of Stockholm. This is one of the newest hospitals in Sweden and is quite magnificent. It has 1,100 beds and has been working in its present form for about three

years after rebuilding. On entering one could reasonably imagine himself in the foyer of a first-class hotel. There is even a creche where visitors' children can be looked after by nurses. Dr. Wickland is the head of the Anaesthetic Department and is a most charming and modest person. Incidentally, he is a confirmed pipe smoker and the only one I can remember lighting up between courses at a meal. We were shown a film about the work of the hospital, and Dr. Wickland explained the set-up of the operating theatre suite with recovery rooms and intensive care unit and then took us round to see them. I think that, to us, probably the most striking thing was the electronic monitoring equipment for patients in the recovery rooms. Television cameras gave pictures of each patient to a central control point where a nurse could watch several at a time on the screen in front of her. By focussing the picture one could just about read the patient's blood pressure on the screen. The cases dealt with were mainly general surgical, urological and orthopaedic. The recovery room had 15 beds and the intensive care unit 12 beds. After lunch in the Hospital we were picked up by Astra Laboratories and taken to their laboratory at Södertälje. After having been shown round we attended a symposium on "Research on the Local Anaesthetic Field." The anaesthetics concerned with Xylocaine and Citanest, and papers by members of the staff dealt with the chemical development of these agents and methods of assessing their efficacy and toxicity. A further two papers dealt with the clinical use of Citanest in various fields and the testing of local anaesthetics by electric stimuli to the teeth—i.e., in dental practice. After the meeting we were entertained to dinner and then went by bus to Uppsala where we arrived at about 10.45 p.m.

The following two days were to be spent at Uppsala where Dr. Martin Holmdahl, head of the Department of Anaesthetics at the Academic Hospital, had arranged the programme. Those of us who heard Dr. Holmdahl speak at the Jubilee Meeting in Edinburgh will recall his dynamic personality and great enthusiasm. We found him changed not at all. Dr. Holmdahl spoke to us first on the organisation of his Department and described the plans for a projected new operating theatre suite with recovery room and intensive care unit. The

THE PRESIDENT SPEAKS (continued)

hospital has at the moment 1,150 beds: an intensive care unit of 24 beds is planned and will be under the care of a surgeon, an anaesthetist and a physician. After discussion on these projects there was a symposium on the use of Dextran and its products in shock. The papers covered the chemical, physiological and clinical aspects of the subject and were fully discussed. After lunch in the hospital we were taken on a sight-seeing tour of this old University town. The places visited included the University Library with the famous Silver Bible which is on exhibition, the Cathedral and Claus Rudbeck's Anatomical Theatre which dates back to 1662. Later in the day we visited Pharmacia Laboratories—the producers of Dextran—and saw a film showing the working of the Laboratory. Dr. and Mrs. Holmdahl entertained us to cocktails at their home that evening and later we were the guests of Pharmacia at dinner.

Next morning—Friday—we met at the hospital when we heard an excellent paper on post-operative respiratory treatment with oro- or naso- endotracheal tubes rather than tracheostomy. A visit was also paid to the thoracic unit recovery room: they have a separate one of their own where several patients were on respirator treatment. This concluded the medical side of the visit. From the hospital we were taken by bus, and, as a pleasant change, a very fast motor boat to Skökloster where after lunch, with Astra Laboratories again as hosts, we visited the Castle of Skökloster. It is 16th century and the owner and his wife live in one wing. The remainder is open to the public. We also visited a vintage car museum which incidentally contains the late Dag Hammarskjöld's car. That evening we returned by bus to Stockholm and our trip was just about over. Next day was free and members took the opportunity of seeing something of the city. The return flight to Renfrew via Copenhagen was very smooth and we were back in Scotland and rain on Sunday evening.

Looking back, this first undertaking of a foreign tour was a very great success. Not a single hitch occurred and I am sure all our members enjoyed it. We are very grateful to those who instructed and entertained us so generously, and a special thank you must go to our Secretary, Dr. Alastair Masson, and to Dr. Martin Holmdahl who between them organised the whole programme so efficiently.

Activities of the Year

1. Registrars' Meeting:
Western Infirmary, Glasgow, 9th October, 1964.
2. Award of Registrars' Prize for 1964-65.
3. Neurosurgical Anaesthetists' Travel Group:
(a) Visit to Newcastle—24th October, 1964.
(b) Visit to Killearn—5th June, 1965.
4. Annual General Meeting:
St. Andrews—23rd-25th April, 1965.
5. Scientific Session:
Aberdeen—29th May, 1965.
6. Scandinavian Tour:
13th-20th June, 1965.

REGISTRARS' MEETING:

WESTERN INFIRMARY, GLASGOW

Friday, 9th October, 1964

This meeting was attended by 60 Registrars and S.H.O.s. The programme was sustained by Dr. H. H. Pinkerton and his colleagues and was most enthusiastically received: the range of topic in itself is evidence of the thoroughness which went into the preparations for the meeting.

A breakdown of the numbers attending is interesting and indicates the widespread appeal of this type of presentation:—Aberdeen 9, Dundee 4, Edinburgh 17, Perth 4, Inverness 1, Glasgow and district 25.

1. Clinical Demonstrations—
Hyperbaric Oxygen Chamber.
Split Renal Function Test: Caudal Analgesia.
Upper Limb Casualty Anaesthesia:
A. Intravenous. B. Supra-clavicular and Axillary Brachial Plexus Blocks.
Hypotensive Anaesthesia for Wertheim's Hysterectomy.
2. Tour of Queen Mother Maternity Hospital.
3. Short Papers—
Anaesthesia in the Pressure Chamber.
Blood Flow.
Obstetrical Epidural Analgesia.
Hypothermia in Neurosurgery.

ACTIVITIES OF THE YEAR (continued)

SCIENTIFIC SESSION, ABERDEEN

Saturday, 29th May, 1965

The sixth scientific meeting to be promoted by the Society was held in the Medical School, Foresterhill, Aberdeen, on Saturday, 29th May, 1965. It took the form of a symposium on **Anæsthesia and Analgesia in Relation to Obstetrics and the Neonate**, and the arrangements for the Session were in the hands of Dr. Rollason. The following programme was sustained:—

Some Observations during Epidural Analgesia in Labour.—Dr. J. B. Wyman.

Physics of Nitrous Oxide/Oxygen Mixtures.—Dr. A. Bracken.

Film on the Physics of Premixed Gases.

A New Approach to Nitrous Oxide in Obstetrics.—Dr. M. E. Tunstall.

Face Masks and Self-Administered Inhalational Analgesia.—Dr. G. D. Parbrook.

Serum Cholinesterase and the Obstetric Patient.—Dr. G. S. Robertson.

The Use of Hyperbaric Oxygen in the Neonatal Period.—Dr. J. N. Norman.

Panel Discussion.

PROCEEDINGS OF TRAVEL GROUP IN NEUROSURGICAL ANÆSTHESIA

This group continues to be most active and another very successful year has been accomplished. Anyone interested in the specialty should contact Dr. Allan S. Brown, Western General Hospital, Edinburgh, particularly as an even more ambitious programme is envisaged in the forthcoming year.

1. Newcastle General Hospital:

Meeting convened by Dr. John Matheson—Saturday, 24th October, 1964.

Papers and Discussions—

Anæsthesia for endarterectomy.

The use of a blood warmer for hæmorrhage during hypothermia.

Anæsthesia for spinal dysraphism.

Cerebral œdema in head injuries.

Intrapulmonary Soframycin in staphylococcal pneumonia.

Films—

Treatment of Head Injuries (Newcastle).

Extra-dural hæmatoma (Edinburgh).

Neuroleptanalgesia for stereotaxic surgery (Edinburgh).

Visits to wards and operating theatres of Regional Neurological Centre.

2. Killearn Hospital:

Meeting convened by Dr. A. H. Granat—Saturday, 5th June, 1965.

Papers and Discussions—

Cerebral Blood Flow in Neurosurgical Patients.

Reflections on Hypothermia.

Respiratory Studies under Hypothermia.

Cerebral Blood Flow and Metabolism under Hypothermia.

Visits to Intensive Care Ward, operating theatres and the Scanning Department.

DISCUSSIONS.—The meeting was notable for the lively discussion following each of the papers; it is apparent that dissatisfaction exists as regards the price the patient has to pay, in terms of satisfactory blood flow, for the various techniques at present being employed to give the surgeon the best possible operating field. Hypothermia, hyperventilation and the now-discarded hypotensive techniques were critically examined. In the clinical application of the newer knowledge now becoming available, the members found previous concepts and research work not entirely satisfactory, and indeed in some cases misleading.

The sessions at Newcastle and Killearn were most valuable and again showed up the inherent advantage of the small discussion group.

Obituary

We deeply regret to announce the death of Dr. A. Ferguson McIntyre. Known to his colleagues as Fergus, he was anæsthetist in the Western Infirmary, Glasgow, but also took a deep interest in school dental clinics. A serious illness caused him to retire some years ago: he settled in Elie, Fife, where he was always happy to welcome his many friends.

The Registrars' Prize

THE Society awards annually a prize of £30 for the best original paper submitted by an anaesthetist in Scotland, holding the grade of Senior Registrar or under. It is not necessary that he/she be a member of the Society.

The conditions attaching to the award are as follows:—

1. The paper must be original, i.e., it should not have been read previously at any meeting or published in any journal. The winning of the prize is in no way a bar to the subsequent publication of the paper.

2. It is desirable that papers submitted show evidence of personal work, but papers consisting of surveys of the literature are eligible for consideration. The Council of the Society wishes to stress that intending competitors should not be discouraged through fear of their efforts being judged elementary. It is fully realised that junior anaesthetists in some peripheral hospitals may not have opportunities to deal with special types of cases or to employ advanced anaesthetic techniques.

3. Papers for adjudication **must** reach the Secretary by the **end of February** at the latest.

4. The winner of the prize will be required to give a digest of the paper at the Annual General Meeting of the Society towards the end of April.

The Secretary places all entries in the hands of the Award Committee which consists of the President, Vice-President and Past President. The members of this Committee have expressed the desire to be able to adjudicate without knowing the name or hospital of the writer: it is requested therefore that the name, address, etc., of the entrant be submitted on a separate covering page. This will be retained by the Secretary, but otherwise the essay itself should give no indication as to its source: acknowledgment to colleagues, etc., should not be included.

For the session 1964-65, five papers were submitted for consideration; the standard was gratifyingly high, so much so that the adjudicators decided to allocate the award as two prizes. It is pleasing to note that the premier award went to Aberdeen: this is the first occasion since the prize was instituted in 1951 that it has gone to that centre.

(a) Dr. G. S. Robertson, Aberdeen—“A Study of Serum Cholinesterase with particular reference to changes in pregnancy.”

(b) Dr. J. G. Mone, Glasgow—“Inherited and Acquired Defects of Pseudo-Cholinesterase Activity.”

At the afternoon session of the A.G.M., Dr. Robertson read a digest of his original paper and the following are the main points:—

1. Review of the literature on serum cholinesterase; nature, production and functions, with an outline of the causes of diminished activity.
2. Relationship between serum albumin and cholinesterase levels, and discussion on their significance with regard to liver function.
3. Present study: in view of the conflicting evidence in the literature, the aim was to find out if pregnant women have a diminished cholinesterase activity—this would appear to be suggested by the known lowered serum albumin. Technique employed: the importance of using a method in which the reaction is at a constant pH was emphasised.

4. Results: the findings involved 142 estimations in 128 pregnant women, and 42 in non-pregnant women.

Mean activity in non-pregnant group 212 units.

Mean activity in pregnant group 167.7 units.

This indicates a difference of statistical significance, and the levels in 33 toxæmic pregnancies were very similar to that of the whole group, the mean being 166.3.

There is evidence that the fall in esterase activity occurs soon after 10 weeks' gestation, and may be maximal between 25 and 30 weeks.

5. Reasons for this reduced esterase activity in pregnancy were discussed; neither hepatic dysfunction nor hæmodilution provides an adequate explanation.
6. Autonomic effects of intermittent succinylcholine, the suggestion being that these may be aggravated in the presence of reduced cholinesterase.
7. It was put forward that such a study of pregnant women as a group may provide an answer to the question of whether or not cardiac arrhythmias associated with intermittent succinylcholine are actually more severe in the presence of low esterase.

Annual General Meeting

ST. ANDREWS

FRIDAY, 23rd, to SUNDAY, 25th April, 1965

I HAVE said it before and I say it again—St. Andrews is surely the ideal place for a conference. It has everything, all the ingredients for success—history and atmosphere, the University, golf, shopping and the sea. We were there before in 1960 and 1963, and the weather has always been passingly kind to us. On this occasion Friday evening and Saturday morning were superb and wonderfully attractive to golfers and shoppers alike; in 1963 the golfers had a gey dreich round, but they were all here back for more! After dinner we had our now traditional film show on Friday evening, again by courtesy of Messrs. B.O.C.: Peter Ustinov regaled us this time. The golf match on Saturday was organised, as usual, by Dr. Gallie and the prizes handed over after the Reception at night.

The Business Meeting was held in the University on Saturday afternoon, and among the 55 members attending it was gratifying to note the large number of our younger generation of anaesthetists; this is surely a good augury for the future health of the Society. Dr. Robertson, the President, announced our Membership Roll as 210, the highest figure ever attained. His announcement that the Executive Council had conferred Honorary Membership of the Society on Dr. T. J. C. MacDonald, Aberdeen, on the occasion of his retirement, was received with applause: he had been President in 1952 and was one of our senior statesmen. The Financial Statement was given by the Treasurer, Dr. Milne: considering the mauling that our finances had to face during the previous Jubilee Year, it was surely by wonderful husbanding that he had a balance of £352 to show. The President made special mention of the big event of the incoming year: the Association of Anaesthetists of Great Britain and Ireland is planning to hold its Annual Meeting in Edinburgh, 13th to 15th October, 1965. This would constitute the first visit to Scotland and Dr. Robertson commended its support to all our members.

The incoming President was Dr. A. G. Miller of Glasgow, well known to members already as the Honorary Secretary of the Society during the years 1953-57. In place of the customary address from the Presidential chair, Dr. Miller elected to give us a "Mediterranean

Cruise": this was a most enjoyable occasion enhanced by the professional quality of his films and of the projection. The Guest Speaker was Prof. J. G. Robson, Postgraduate Medical School, London: he gave us a most learned address on "The Resistance to Gas Flow in the Lungs in Anaesthetised Patients." It is interesting to recall that as Dr. Robson he won the very first Registrars' Prize to be awarded by the Society in 1951—and he looked not one whit different! In the evening a Reception was given by Dr. and Mrs. Miller, and this opportunity was taken to present the golf prizes, handed over by Mrs. Miller. Members and their guests then sat down to dinner in the Atholl Hotel, and dancing concluded a most enjoyable evening.

During the period of the conference there was the usual Trade Exhibition: this was staged in the Atholl Hotel and displayed anaesthetic equipment and accessories, electronics and pharmaceuticals.

Payment of Annual Subscription by Banker's Order

FROM time to time, members have requested that they be allowed to pay the annual subscription to the Society by Banker's Order. It was realised that this would be of benefit to the member and to the Society alike, but with successive secretaries operating through different banking accounts it was not considered workable to inaugurate such a scheme.

Arrangements have now been made whereby those members who prefer to pay the annual subscription by Banker's Order may do so through the Head Office of the Bank of Scotland, The Mound, Edinburgh. The Society's financial year ends 31st March, and payment by Banker's Order may therefore begin with the subscription for the ensuing year, payable 1st April. The scheme is commended to members for their own convenience, for the Society's financial situation, and for the facilitation of the Hon. Treasurer's duties.

A form suitable for use is available on application to the Hon. Treasurer.

The Editor Reports . . .

. . . Dr. M. SHAW

THE Annual Meeting of our Society is an occasion to which we look forward as that nice mixture of the social with the professional. One feature of it which is of unflinching interest is the Trade Exhibition: curiously enough there is a character about this which changes with the years, and indeed fluctuates from one year to the next in its emphasis on this or that project. On this last occasion at St. Andrews it was interesting that each equipment stand displayed its own version of a pulse monitor; depending on complexity and whether combined with some other function these varied in price from around £20 to nearly £400. Are these instruments worth buying at this or any other price? They all operate on the system of amplifying a minute pulse-signal from the pulp of a finger: if this works as it is intended the rest of the apparatus disports itself most impressively, but, as we all have cause to know, there lies the rub! It is because of this dependence on a vulnerable pick-up that these machines can be so futile, and which in my opinion adds greatly to their "shelf-life." Indeed it is no uncommon practice to reverse the intended relationship and to test the integrity of the machine on a patient! In other words, when the anaesthetist is in no need of help the dial speaks out loud and clear that all is well; but it can remain determinedly glum and electronically silent when things are otherwise. Then to add to his immediate worries the anaesthetist has to decide, and decide quickly and correctly, whether it is only the machine that has gone temperamental again. Which all reminds me of the rejoinder of the Marx Brothers' horse-doctor: "Either you're dead or my watch has stopped." In this very connection it is salutary to learn that similar trouble is being met with in spheres far removed from ours. The following is from a newspaper report on the findings of a Court of Enquiry into the loss of a ship at sea through collision:—"The Court feels that it cannot over-emphasise the importance of a proper look-out being kept at all times and the dangers of placing too much confidence in electrical and mechanical devices which, from their nature, are liable to failure, sometimes without warning" (Glas. Herald: 29 Apr. '65).

One other feature of the exhibition is the almost complete disappearance from the stands of dental accessories. Formerly these were

always on prominent display and I am afraid that this is a reflection of what is happening in the world of dental anaesthesia—I mean, of course, anaesthesia in the dental surgery. It is a commonplace to refer to this Cinderella of our specialty, but it is a facet of our specialty for which I think the signs are ominous if present trends are maintained. It is an art to be acquired only by experience which can be most humble-making: it requires an ardent apprenticeship of doing the job, and can no more be gleaned from a book than can the art of swimming. It must be learned, at least in the first place, from one of the masters of the technique; and in the course of a few years, which in several cases can be reckoned on the fingers of one hand, those specialist anaesthetists whom we now regard as the real masters are going to retire, taking with them their skill and know-how. Who is going to follow them in the dental surgery? Not specialist anaesthetists, I fear, for the reason that the young specialists for the most part are electing to go full-time and are thus precluded from administering anaesthetics in a dental surgery. This situation is unfortunate in many respects: the young specialist anaesthetists will have no opportunity of bringing their enthusiasm and their modern armamentarium of knowledge to the dental chair, and the dentists who are extremely anxious to avail themselves of all that is relevant in anaesthetic advances will have no access to these young specialists. A Cinderella indeed will ensue. Is the financial award adequate to attract recruits to the specialty? Recent correspondence in the columns of the British Dental Journal clearly indicates that it is not, and it was surely a specious argument that a government spokesman put forward that the fee paid to the anaesthetist was a private arrangement between him and his dental colleague. What about the actual teaching of dental anaesthesia? The teaching of anaesthesia at any time is subject to very personal interpretation on the part of the teacher, but surely in no other branch of our specialty is it quite so subject as in anaesthesia in the dental chair. Within a department, different teachers lay different emphasis on what they wish to impart, and techniques may vary so diametrically that one dental student is reported as declaring that the only common

factor in all the approaches advocated to him was the advisability of the preliminary visit to the lavatory!

I suppose it is trite for an Editor to say that the year under review has been one of unusual activity: after the excitement and commotion of the Jubilee Year celebrations this year has indeed seen no let-up. In addition to the usual Society activities, for the first time in its history there has been a foreign tour—so racily described by Dr. Miller in his Presidential report. There has been considerable committee activity in many spheres: notably the year has seen the review of those S.H.M.O.s in receipt of the special allowance and following reference to the National Review Committee all were upgraded. Anomalies remain and will remain if cognizance is given to the provisions of the Platt Report—that the duties of the Medical Assistant grade are of Registrar level. It is gratifying that the very first Newsletter put out by the Faculty of Anæsthetists of the Royal College of Surgeons of England—to which we give hearty welcome—should devote so large an article to this very issue. We certainly echo the sentiments expressed that a constant reference to the relevant Platt Report paragraphs should prevent another S.H.M.O. situation arising. Another point whose consideration is of vital importance, because it is so fraught with repercussions, is the number of Senior Registrars training in our specialty throughout the country. This can be no static number fixed once and for all time: the number at any one juncture must bear a realistic relationship to the anticipated consultant demand. Tied up with it is the definition of a consultant and what factors are looked for which go to his making.

Looking ahead, we in Scotland must surely be thrilled at the proposed celebration of the Lister centenary: this is being planned for 27th-29th September, 1965, in Glasgow. A full discussion of the Lister theme is given most succinctly in the Whitson number of the College Courant, the Journal of the Glasgow University Graduates' Association. In parts it can make pathetic reading as where Dr. Edith Munro writes: Elsewhere one reads that another of Lister's colleagues at the College used to call out to someone to shut the door, in case Mr. Lister's microbes came in . . .

Later in the autumn we are welcoming the Association of Anæsthetists of Great Britain and Ireland to Edinburgh, 13th-15th October, 1965, the first visit of the Annual Meeting to Scotland. On the evening of the 13th there will be a Cocktail Party for which the Societies

of Anæsthetists in Scotland are acting as hosts. This meeting will mark a real event in the anæsthetic life of Scotland, and we are indeed proud that Edinburgh has been chosen as the centre.

By way of conclusion, did you notice the information given by the Minister of Health showing the estimated usage last year of the ten most widely used drugs purchased under contracts, placed centrally or by hospital authorities? Heading the "top-ten" was halothane £650,000, followed by chlorpromazine £270,000, with hydrocortisone succinate inj. at the bottom with £80,000. Vide Medical News: 16th July, 1965.

It Has Been Said . . .

I found that here, as elsewhere, knowledge does not come in a smoothly deepening stream but in unpredictable jerks and snatches. Experience, too, obeys the quantum theory.

—John Masters: Bugles and a Tiger, Chapter 10.

* * *

Regular study leave is essential to hospital doctors if the hospital service is to maintain the highest standards, and this must be recognised by hospital authorities. There is wide variation between the regions in the granting of study leave, and the view is far too prevalent in some regions that such leave is a privilege or concession. An enlightened hospital authority will worry only when a doctor does **not** apply for study leave.

—C.C. & S. Committee, Bulletin No. 21.

* * *

(a) The bitterest sentence in the Old Testament? 1 Sam. 8, 5, where the elders say to Samuel, "Behold thou art old, and thy sons walk not in thy ways."

—Brit. Weekly: 27th Feb., 1965.

(b) To stop learning is the surest way to become old. That is why some men are old and tired and weary long before they are 40 . . .

Brit. Weekly: 5th Sept., 1963.

(c) They say that people reach their analytical prime before they are 30, but that the processes of judgment do not come to a peak until before 70. I quite agree.

—Mr. W. A. Fairhurst: Consultant Engineer, Tay Road Bridge, quoted in Scottish Sunday Express, 1st Aug., 1965.

IT HAS BEEN SAID . . . (continued)

(d) . . . ; one advantage of growing older is that the centralities loom larger, and the "ideas," "opinions" and "views" are held more lightly.

—Brit. Weekly: 13th May, 1965.

* * *

Most new things in the end turn out to be wrong . . . the clap-trap and sales-talk of animal experimentation can be had for the asking and can be served up to support any theory, however bizarre . . .

—Sir Heneage Ogilvie:
Lancet 1956 I 115.

* * *

One has a suspicion that the blood-brain barrier of the obstetrician is more effective in preventing the invasion of new materia medica than the placental barrier of his charges.

—Survey of Anæ.: 1965 9 3.

* * *

The big ideas always find the man who's looking for them. People get hit on the head by apples every day. It takes a head like Isaac Newton's to make a profit out of it. Same with baths and Archimedes, stale cheese and Fleming . . .

—Advert. for Massey-Ferguson:
Time, 27th Nov., 1964.

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(a) Unfortunately nature does not always proceed according to man's reasoning. Such is the case in shock . . .

—Shock: Edit. by Hershey, pg. 140.

(b) This long overdue disenchantment with the vasopressors can be best expressed in the words of Shakespeare's King Henry IV: "they surfeited with honey and began to loathe the taste of sweetness, whereof a little more than a little is by much too much."

—Shock: symposium by Ciba, pg. 127.

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My heavy luggage was coming by sea and it was obvious that I had packed my psyche and it had obviously not caught up with me. . . . The speed of travel was such that people could not get psychologically adjusted. They would step out of one environment into another

without waiting for their psyche to catch up with them.

—Prof. Ritchie Calder: "Two-way Passage, pg. 6.

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"I feel like a blind man looking in a dark cellar for a black cat which may not be there at all." This was the answer given by Professor A. B. Sabin of Cincinnati, Ohio, when asked whether he believed in anti-cancer serum.

—Medical News: 21st Aug., 1964.

* * *

A University of California psychologist says the "pile-it-on" philosophy of medical education is threatening to produce the "learned dunce"—a doctor who "knows everything and understands nothing." Facts, formulæ and techniques are being "piled up" in his head like furniture stored at random in an attic.

—Medical News: 5th March, 1965.

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In a transatlantic journal, the unsympathetic but highly provocative remark was recently made that anæsthetists may be overtrained for the job they have to do and undertrained for the tasks they think they can do.

—R. A. Millar: Book Review, B. J. Anæ.
1965 37 3 pg. 214 quoting Anesthesiology
1964 25 437.

* * *

One of the Scots' weaknesses is that relatively few of them speak easily in public. . . . Although they may be among the best informed men at a meeting they are tongue-tied in comparison with others who, without bothering about syntax, are able at the drop of a hat to get their opinions across.

I worry about the impression that some of my students will give when going south for interviews. It is sad to think of the thousands of well-qualified young Scots who have failed to get appointments through becoming inarticulate. . . . As I see it, these young Scots suffer primarily because they were brought up among people who distrust loquacity. They despise the gift of the gab, and generations have been indoctrinated with the notion that eloquent man must be shallow, ostentatious and even scheming. The tragedy is that Scots are capable of being among the best speakers in Great Britain . . .

—C. A. Oakley: College Courant 1964
17 33 pg. 19.

The Scottish Society of Anæsthetists

Programme for 1965-66

1. Registrars' Meeting—Edinburgh.
Friday, 29th October, 1965.
2. Neurosurgical Anæsthetists' Travel Group.
Enquiries should be made to Dr. Allan S.
Brown, Edinburgh.
3. Monday, 28th February, 1966.
Closing date for submission of papers for
Registrars' Prize.
4. Annual General Meeting—Inverness.
Friday, 22nd, to Sunday, 24th April, 1966.
5. Scientific Meeting—Edinburgh.
28th May, 1966.

ASSOCIATION OF ANÆSTHETISTS OF EDINBURGH

Syllabus for 1965-66

Saturday, 30th October, 1965.

Combined Meeting with Glasgow and West of Scotland Society of Anæsthetists—Glasgow, 5.15 p.m.

Tuesday, 9th November, 1965.

"Mechanical Ventilation in Respiratory Insufficiency in Infants"—Dr. W. J. Glover and Mr. Eoin Aberdeen, Hospital for Sick Children, Great Ormond Street, London.

Tuesday, 14th December, 1965.

Presidential Address—Dr. J. R. Kyles.

Tuesday, 11th January, 1966.

"Chemical Control of Human Respiration"—Dr. D. C. Flenley.

Tuesday, 8th February, 1966.

Members' Short Papers.

Friday, 4th March, 1966.

Dinner at University Staff Club.

Tuesday, 8th March, 1966.

"Plasma Levels of Local Analgesia"—Dr. Braid; "Intravenous Regional Analgesia"—Dr. Hope.

Tuesday, 26th April, 1966.

Annual General Meeting.

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With the exception of the Combined Meeting, all meetings are held in the Royal College of Surgeons, Nicolson Street, Edinburgh, at 7.45 for 8 p.m. The Hon. Secretary is Dr. Allan S. Brown, 53 Braid Road, Edinburgh, 10.



GLASGOW AND WEST OF SCOTLAND SOCIETY OF ANÆSTHETISTS

Syllabus for 1965-66

Saturday, 30th October, 1965.

Combined Meeting in Glasgow with the Edinburgh Association of Anæsthetists, at 5.15 p.m.

"Head Injuries: Some Current Concepts"—Mr. W. Bryan Jennett, Consultant Neurosurgeon, West of Scotland Neurosurgery Department.

Monday, 6th December, 1965.

"Some Signs of Sedation"—Dr. Walter Norris.

Tuesday, 11th January, 1966.

"Organisational Aspects of Research into Cardio-Respiratory Function during Anæsthesia"—Prof. J. F. Nunn, University of Leeds.

Monday, 14th February, 1966.

Members' Night.

Thursday, 24th March, 1966.

Presidential Address—Dr. H. Fairlie.

Thursday, 21st April, 1966.

Annual General Meeting.

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With the exception of the Combined Meeting, all meetings are held in the Royal College of Physicians and Surgeons, 242 St. Vincent Street, Glasgow, at 7.45 for 8.15 p.m. The Hon. Secretary is Dr. I. A. Levy at the above address.



NORTH-EAST OF SCOTLAND SOCIETY OF ANÆSTHETISTS

Syllabus for 1965-66

Thursday, 7th October, 1965—Aberdeen.

"Some Aspects of Neonatal Anæsthesia"—Dr. John R. Munro.

Thursday, 25th November, 1965—Stracathro.

"The Shock Problem"—Dr. H. W. C. Griffiths.

Thursday, 31st March, 1966—Dundee.

"Profound Hypothermia"—Dr. Cyril F. Scurr.

Thursday, 26th May, 1966—Stracathro.

Presidential Address—Dr. Lawson Davidson.

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All details of these meetings may be had from the Hon. Secretary, Dr. Stuart W. McGowan, Dept. of Anæsthetics, Royal Infirmary, Dundee.