NEWS LETTER

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October 1961

THE SCOTTISH SOCIETY OF ANÆSTHETISTS

Office-Bearers for 1961-62

President - - - - -	Dr. J. W. L. BAIN, Aberdeen.
Vice-President - - - -	Dr. MARGARET MUIR, Dundee.
Past President - - - -	Dr. ANDREW TINDAL, Glasgow.

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Edinburgh - - - -	Dr. A. H. B. MASSON. Dr. ARCH. C. MILNE.
Glasgow - - - - -	Dr. DON. BEATON, Stirling. Dr. JAS. CRAWFORD.
Dundee - - - - -	Dr. T. R. MACDONALD.
Aberdeen - - - - -	Dr. W. N. ROLLASON.

Honorary Secretary and Treasurer

Dr. M. SHAW
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"The objects of the Society shall 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 shall be restricted to members of the medical profession practising the specialty of anæsthetics."

—Extracts from the Constitution.

Subscription

£1 per annum.
10/- for Registrars and Senior Hospital Officers.

Presidents of the Society since 1950

1950 — Dr. John Gillies.
1951 — Dr. H. H. Pinkerton.
1952 — Dr. T. J. C. MacDonald.
1953 — Dr. W. M. Shearer.
1954 — Dr. I. M. C. Dewar.
1955 — Dr. F. G. Gibb.
1956 — Dr. H. Bruce Wilson.
1957 — Dr. R. Lawrie.
1958 — Dr. R. N. Sinclair.
1959 — Dr. Alison Ritchie.
1960 — Dr. A. Tindal.
1961 — Dr. J. W. L. Bain.

Guest Speakers at Annual General Meeting

1951 — Dr. W. W. Mushin.
1952 — Dr. M. H. Armstrong Davison.
1953 — Dr. Ivan Magill.
1954 — Prof. R. R. Macintosh.
1955 — Dr. T. Cecil Gray.
1956 — Dr. M. D. Nosworthy.
1957 — Dr. J. Alfred Lee.
1958 — Dr. L. B. Wevill.
1959 — Dr. Margt. Hawksley.
1960 — Sir Dugald Baird.
1961 — Dr. G. S. W. Organe.

Honorary Secretaries of the Society since 1950

1950-53 — Dr. R. N. Sinclair, Glasgow.
1953-57 — Dr. A. G. Miller, Glasgow.
1957 — Dr. M. Shaw, Glasgow.

The President Speaks . . .

. . . Dr. J. W. L. BAIN

THE last twenty years must rank as one of the greatest periods in the history of advancement in every branch of science.

In medical science, our own specialty has played no small part in the progress of scientific knowledge and technology — always aimed at our dedicated goal: the safety and well-being of our patients.

New drugs and new techniques are too numerous to list, but to name a few of the more common in our daily work:—

Drugs - - -	I.V. for induction. Muscle relaxants. Halothane.
Techniques - -	Control of respiration. Hypotension. Hypothermia.

A selected combination of these drugs and techniques makes up the methods in common use to-day. Special operations require certain conditions, as in the more "glamorous" operations—cardiac surgery, neuro-surgery and thoracic surgery.

But it is not always these more spectacular procedures which have done so much for the specialty. For every "hole in the heart" operation there are hundreds for "hole in the duodenum."

The anæsthetists who perform the "routine" work meet thousands of patients and enjoy their confidence, which is of paramount importance. Time spent with patients both before and after operation has done a very great deal to cement this relationship, especially so to patients who are comforted by a "preview" of the Doctor in whose hands they feel they are placing their lives.

Never in the history of anæsthesia have patients come to the operating theatres with greater confidence in their anæsthetists and with less apprehension about their immediate safety and future well-being. This has been brought about by one drug especially—Sodium Thiopentone. War-time anæsthesia, with its widespread use of this drug, left this legacy to patients. Gone are the struggles of long and unpleasant inductions, post-operative vomiting and long periods of unconsciousness.

To sum up the greatest advances—taking the viewpoints of the people oncerned:—

1. Patients: I.V. induction.
2. Surgeons: Excellent operating conditions and greatly reduced worry about patient's condition during operation.
3. Anæsthetists: (a) I.V. induction; (b) Muscle relaxants; (c) Efficient machines for control of respiration; (d) Macintosh type laryngoscope.

Now on to new fields with a confidence that our efforts are appreciated.

The Secretary Reports . . .

. . . Dr. M. SHAW

"FOR the summer is short and the time speeds on" — this tag from a well-remembered school poem could have been written with a Secretary's duties in mind. Already we are looking forward to a new programme: the Council of our Society drew it all up in outline before dispersing on holiday.

The Registrars' Meeting early in October is always among the first of our commitments, and this year it is to be held in Edinburgh. It is one of the privileges of being Secretary that I have been able to attend all these meetings since I assumed the office in 1957. I hope that all our members really do appreciate how wonderfully successful these meetings are—so successful indeed that many senior anæsthetists wish they could take part. I would pay tribute to the spirit and enterprise of the centres staging the programme. I have met with nothing but readily proffered enthusiastic help and a real anxiety to do the best for the Registrars.

The Scientific Meeting now appears to be well established, and judging from an attendance of over one hundred on a Saturday afternoon in mid-February it seems to supply a real want. With all our professional commitments, both local and national, it is extremely difficult to interpolate still another meeting, and with large sporting events further curtailing available dates it is indeed surprising that this meeting has met with such success. The Council, however, has taken some thought on the matter and it suggested that perhaps there was no real need to stage this important gathering in the middle of February with all its vagaries of wintry conditions; it was decided, therefore, that in 1962 when the meeting was due to be held in Dundee that we might shift it from February to May. This has met with the approval of those in Dundee on whom will devolve the task of promoting the meeting, and we look forward to a very happy reunion. May I reiterate that it has always been the policy of this Society to invite famous names as our guest speakers: the Council is anxious that as many as possible of our younger anæsthetists should be exposed to the education of meeting these personalities as an integral component of their post-graduate training: it serves as an effective catalyst in the process of maturation.

The year that is past has been one of unusual activity, both before and behind the scenes. It has seen a most welcome influx of new members to hoist our membership to the gratifying new "high" of 180. The Council is conscious of the axiom that numbers do not necessarily mean vigour and vitality, but we are very pleased that the Society's communications can now reach into every hospital in Scotland. The year has also seen the consummation of a particularly fine piece of work—the negotiations with the Crown Agent which are reported on another page. There is no need for me to stress that this has involved the Society in a tremendous amount of work, but the Committee directly assigned was ever-conscious of the importance of its task, and that the decisions taken would have repercussions in every corner of our country for an unknown period into the future. There has been another enquiry going on quietly — that into the Private Anæsthetic Fees throughout Scotland. The Council has been more than surprised at the interest this has aroused, and the Report has been delayed until now because of the difficulties which have been encountered in trying to arrive at any conclusions at all. Although rather overshadowed by other ventures, this is commended to all members as one which was eminently worth doing. The subject of the enquiry is one about which there is a very understandable reticence, but the Council in giving its blessing took the view that nothing but good could accrue from a properly conducted enquiry, and that the Scottish Society was the body to conduct it.

The Council also had before it the question of the Registrar's Prize. Each year there has been a gratifyingly high standard—indeed the Award Committee reserves the right to withhold the prize if it is not satisfied. There is no need to conceal the concern of the Council that this competition is not meeting with the attention it deserves. Perhaps it should be brought home to all aspiring to senior posts that the winning of this award can go a long way to acting as an extra qualification.

The kite flown at the Annual General Meeting concerning the formation of a Scottish Travel Club has come back to earth for lack of wind. Those few members who have expressed interest are most enthusiastic, but it is an important and a big venture which will have to be fully investigated.

The Registrars' Prize

The Society awards annually a prize of £30 for the best original paper submitted by an anæsthetist 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 anæsthetists in some peripheral hospitals may not have opportunities to deal with special types of cases or to employ advanced anæsthetic techniques.

3. Papers for adjudication **must** reach the Secretary by the **end of March** 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.

The prize for 1961 was won with a joint entry by Drs. D. D. Moir and J. M. Reid of Stobhill Hospital, Glasgow, in which they recorded their experiences in the management of eight cases of acute respiratory failure following abdominal surgery in patients with severe pre-existing pulmonary disease. The clinical features included coma, cyanosis, sweating with moderate hypertension, and severe impairment of ventilation with tracheal tug; very advanced cases developed hypotension and circulatory failure. These features were associated with a rise in PCO_2, and a fall in PO_2 and in the pH of arterial blood. The anæsthetic sequence in all cases was thiopentone, a non-depolarising muscle relaxant, nitrous oxide and oxygen, with intermittent positive pressure respiration. Treatment of the condition, successful in seven of the eight cases, consisted essentially of adequate assistance to ventilation by a patient-cycled ventilator delivering air via a tracheostomy, with scrupulous attention to fluid balance and the careful removal of tracheo-bronchial secretions.

This syndrome of CO_2 retention in patients with pulmonary disease undergoing abdominal surgery has many possible causes; of these the chief are the use of I.P.P.R. with the consequent alteration of blood gas tensions, the administration of a relative overdose of depressant drugs, the impairment of ventilation caused by the pain of the abdominal wound, and the further hypoventilation which may follow oxygen therapy. In emphysema a degree of CO_2 retention may pre-exist, and any factor which further impairs ventilation can easily precipitate an episode of acute respiratory failure. Following anæsthesia, narcotic drugs may act synergistically with CO_2 in producing central depression of respiration and consciousness. In this connection the close anatomical relationship of the Respiratory Centre with the Reticular Activating System is noted; consequently, a PCO_2 and pH not normally producing unconsciousness may be associated with profound respiratory depression.

Prevention of the condition should usually be possible in those patients where a thorough assessment and preparation can be carried out before non-emergency operations: the anæsthetic technique employed should be such as will not further impair spontaneous ventilation. A suitable technique would appear to be epidural analgesia which provides adequate abdominal relaxation in the presence of the desired unimpaired respiration. The patient thus controls his own CO_2 tension: it is not left to the guess-work of the anæsthetist. If general anæsthesia is employed, spontaneous respiration should be retained, or perhaps assisted, but apnœa is to be avoided if possible; opiates and barbiturates, if given at all, should be in minimal doses.

The Registrars' Prize—*continued*

Cases still probably go unrecognised and are therefore improperly treated, leading in a number of instances to deaths which could have been avoided.

Note by Secretary:—

The senior author of the above paper, Dr. Moir, has been awarded a Travel Grant by the Association of Anæsthetists and is leaving for a tour of North American centres during the autumn of 1961. He intends to visit Montreal for further study with Dr. Bromage with whom he has been in correspondence. Dr. Bromage has indicated to Dr. Moir that under epidural analgesia (which he employs routinely for all abdominal operations) he has found no alteration in the arterial pH or PCO_2.

We congratulate Dr. Moir and I am sure the Society would like to hear further from him on his return.

Previous winners of the Award:—

1951 — Dr. J. G. Robson, Glasgow.
1952 — Dr. J. P. Payne, Edinburgh.
1953 — Dr. F. S. Preston, Glasgow.
1954 — Dr. J. B. Stirling, Glasgow.
1955 — Dr. A. H. B. Masson, Edinburgh.
1956 — Dr. D. B. Murray, Glasgow.
1957 — Dr. D. B. Scott, Edinburgh.
1958 — Dr. D. C. C. Stark, Edinburgh.
1959 — Dr. Brian Kay, Dundee.
1960 — Dr. Geo. R. Dow, Glasgow.

ACTIVITIES OF THE YEAR 1960-61

1. Meeting with Provincial Societies:
   Torquay, 23 June, 1960.
2. Registrars' Meeting:
   Aberdeen, 7 October, 1960.
3. Visit to May & Baker, Ltd., Dagenham:
   (a) 3 November, 1960.
   (b) 5 May, 1961.
4. Scientific Meeting:
   Glasgow, 18 February, 1961.
5. Completion of Investigation into Procedure of Reporting Deaths Associated with Anæsthesia.
6. Enquiry into Private Anæsthetic Fees in Scotland.
7. Annual General Meeting:
   Gleneagles Hotel, Perthshire,
   28-30 April, 1961.

Scientific Session

The Second Scientific Session to be promoted by the Society was held on the afternoon of Saturday, 18th February, 1961, in the Engineering South Building of the University of Glasgow. The use of this completely new building had been sanctioned by permission of the Senate and by courtesy of Prof. James Small of the Chair of Mechanical Engineering. The weather was excellent, being cold, clear and crisp. A party of 110 members and guests assembled. The President, Dr. Andrew Tindal, was in the chair, and the Vice-President, Dr. J. W. L. Bain, proposed the vote of thanks at the conclusion of the meeting. The following programme was sustained:—

Dr. J. J. Lewis, Dept. of Pharmacology, University of Glasgow—"Theories of the Mode of Action of Muscle Relaxants."

Dr. B. Wolfson, Dept. of Anæsthetics, Western Infirmary, Glasgow—"American Experiences, with particular reference to some new relaxant drugs."

Dr. H. C. Churchill-Davidson, Dept. of Anæsthetics, St. Thomas' Hospital, London—"Some Abnormal Responses to Muscle Relaxants."

Meeting with Provincial Societies

This took place at Torquay on 23rd June, 1960, and the Society's representatives were Dr. A. C. Forrester and Dr. W. N. Rollason. Discussions were held on various topics, including mutual information about programmes and the invitation to visitors from abroad.

Registrars' Meeting

Aberdeen, 7th October, 1960. This was an excellent meeting, and congratulations are due to Dr. Rollason and his staff for the high standard sustained. Thirty visiting anæsthetists attended a very full programme.

Visit to May & Baker, Ltd.

Two parties were conducted round the premises — the first on 3rd November, 1960, and the second on 5th May, 1961. The number on each occasion was limited to thirty and inevitably many applications had to be turned down. These visits appear to meet with the approval of members and the Council is always pleased to consider suggestions for others.

Procedure of Reporting Deaths Associated with Anæsthesia

Completion of Investigation

Since this investigation was undertaken in 1957, members have been kept informed of its progress with reports issued annually along with the proceedings of the Society. The task was virtually completed early in 1961, and Dr. Lawrie (Perth), chairman of the investigating committee, gave a short verbal report at the Annual General Meeting.

A resumé of the activities of the committee was compiled and circulated to all members of the Society, and to all anæsthetists throughout Scotland to whom the original questionnaire had been submitted; also to other interested bodies such as the Association of Anæsthetists of Great Britain and Ireland. The proposals which the committee made as a result of its deliberations have already been put into effect: these may be summarised as follows:—

1. These deaths should no longer be referred to as "Anæsthetic Deaths" or "Deaths under Anæsthetics": they will be referred to in future as "Deaths associated with Anæsthesia."

2. Issue of a Revised Letter of Instructions to Hospital and other Authorities.

3. Revision of the Crown Advocate's Instructions to Procurators Fiscal.

4. Introduction of a standard type of Report Form.

5. Statistical Records: it has been agreed with the Registrar-General that changes should be made in the classification and tabulation of these deaths in his Annual Report.

All this information is already in the hands of members, having been issued in a special report immediately on completion. The Committee, however, would commend the following points to all anæsthetists:—

1. In these days of a constant threat of litigation, possible eventual legal or other proceedings are less likely to be adverse if a full detailed report has already been considered and investigated favourably by the Procurator Fiscal. The Crown Agent carefully and repeatedly pointed out that the Report Form is in no way a statutory form. There is no legal compulsion to complete it either in whole or in part; answers to its questions are not irrevocable; there is no legal incrimination if mistakes have been made in its completion. It is simply a reasonable and standardised way of conveying information to the Procurator Fiscal.

2. On the Procurator Fiscal's instructions to examining Medical Officers there now appears a new question: this is so relevant that every anæsthetist involved must expect it to be asked by the Police Surgeon. The question is: "Whether the patient was kept under constant medical or nursing care during the period following the operation?" There is no need to stress the significance or the implications of such a question, indicating as it does the importance the legal mind has come to attach to the care of the unconscious patient.

Since its inauguration the Committee has been very conscious of its responsibilities in this important matter: it appreciated that the object of the investigation was in effect part of the Crown machinery directed to safeguard the public interest. The task laid on it by the Council of the Society has been an onerous one and has entailed a vast amount of work. The Committee is holding itself in being for a further period of one year to deal with any problems or repercussions arising; thereafter it will disband itself. The original questionnaire returns, sent in under confidential seal, have now been destroyed, permission for this course having been obtained at the Annual General Meeting.

Press Cuttings

In a letter dated January, 1960, Dr. J. B. Wyman conveyed the wish of the Association of Anæsthetists of Great Britain and Ireland to compile a "press cutting" book, in order to gather information from the lay press regarding the impact of anæsthesia on contemporary life. Dr. Wyman will be glad to receive all such cuttings relating to anæsthesia from the local and national press: please include the name and date of the paper. The Secretary is very pleased to act as go-between in this matter and will forward to London any cuttings received from members.

Annual General Meeting

Gleneagles Hotel, Perthshire

Friday, 28th, to Sunday, 30th April, 1961

The Society met again at Gleneagles Hotel, having been there two years previously. The weather favoured the meeting, if not with glorious sunshine, at least with a warm dry dullness. On the Saturday morning the Golf Competition organised by Dr. J. R. Gallie (Glasgow) was again a popular event—16 men and 8 ladies took part. The men's prizes were won by Dr. Douglas MacAlpine (visiting from Canada), Dr. James Forrester and Dr. H. H. Pinkerton, while the ladies' prizes went to Mrs. Bain, Mrs. Lapraik and Mrs. Miller.

The Business Meeting was held on the Saturday afternoon, when a company of 85 attended. Reference was made to the death of Dr. F. G. Gibbs of Edinburgh, one of our most distinguished and most highly qualified members, a Past President and an Honorary Member of the Society. The Secretary announced that there were 33 new names to add to the Membership Roll and three resignations, giving a total of 179. The cash balance had fallen from last year's £100 to £41 at the time of the audit; reasons for this abrupt change were given, the chief being that the increased subscription had not yet had the opportunity of combating the added expenditure of the ever-widening commitments of the Society. Short reports were given by Dr. R. Lawrie (Perth) and Dr. J. I. Murray Lawson (Dundee) on the Enquiry into the Procedure of Reporting Deaths Associated with Anæsthesia and the Enquiry concerning Private Practice Fees in Scotland; both of these are dealt with at more length on other pages.

Dr. J. W. L. Bain of Aberdeen then delivered his Presidential Address to which he gave the title "An Exciting Twenty Years"—this was a look-back over the period since 1940 with an appraisal of the changes in the anæsthetic scene and the war years intervening. The Registrars' Prize was awarded for a paper submitted jointly by Dr. D. D. Moir and Dr. J. S. Reid of Stobhill Hospital, Glasgow; Dr. Moir read a resumé of the paper to the meeting and a special report of it is given elsewhere. The guest speaker was Dr. G. S. W. Organe, London, who spoke on "Atlantic Curtain": with the aid of numerous slides from coloured photographs taken by himself during a tour of America, he gave a most interesting and informative account of his impressions of anæsthetic centres visited. The President welcomed Dr. Douglas MacAlpine, formerly of Glasgow, on a visit from Canada, and invited him to address the meeting: he spoke of the pending introduction of a modified Health Service in his part of the country and of the changes it would bring.

On Saturday evening, Dr. and Mrs. J. W. L. Bain held a Reception, followed by dinner to which 64 sat down. Dancing in the Hotel Ballroom concluded the evening.

Throughout the period of the conference there was a Trade Exhibition, put on by the following firms:—British Oxygen Co., Ltd., Medical and Industrial Equipment, Ltd., Baxter Laboratories, Ltd., Medical Supply Association, Pharmaceuticals—May & Baker, Ltd.

Honorary Membership

It is the custom of this Society to confer honorary membership on those of its members who have rendered outstanding service to our specialty and to our own Society. It was with particular pleasure, therefore, that the President announced at the Annual General Meeting that the Council had decided to honour in this manner two of the most distinguished anæsthetists on the occasion of their retiral from active hospital practice — Dr. D. Keir Fisher of Glasgow and Dr. John Gillies of Edinburgh. Both had joined the Society at the same time (1932) and both were former Presidents. The announcement was warmly applauded.

"Science in fact is never static, and contrary to general belief, never revolutionary. Inevitably it is evolutionary . . . Scotland could become the laboratory for a new Britain . . ."

—Report of Prof. Swann's Address at Edinburgh Univ. Graduation. "Scotsman," 6th July, 1961.

"We hope that Dr. Organe has enjoyed his stay and his frugal fare at our modest Highland inn."—Dr. Bain.

Private Anæsthetic Fees in Scotland

Report on Inquiry

From time to time it had been brought to the notice of the office-bearers of the Society that they should investigate private anæsthetic fees in Scotland. It was appreciated that this is a subject which tends not to be freely discussed, but it was submitted that the Scottish Society was the one body which should initiate such an enquiry. It was accordingly raised for consideration of the Council that the level of fees charged in Scotland is too low, it is unrealistic and disproportionate to other private fees in view of the development of the specialty and the present status of the anæsthetist. The Council decided to sanction such an enquiry, and the task devolved on Dr. J. I. Murray Lawson (Dundee) and Dr. M. Shaw as secretary.

With the intention of building up a picture of private anæsthetic practice in Scotland, and of finding out the opinion of anæsthetists concerning the present level of fees, a comprehensive questionnaire was drawn up: accompanied by an explanatory preamble, this was sent out to the 58 specialist anæsthetists in Scotland engaged in private practice. It was also submitted to 10 English centres for comparison and its completion invited. To ensure complete anonymity the anæsthetist concerned was asked NOT to sign the form, but to indicate whether based on "Edinburgh," "Glasgow" or "Elsewhere" to ascertain if any regional differential might emerge. From the 58 sent to Scottish anæsthetists there were 25 replies; from the 10 sent to England replies came from 4. The report is based, of course, on the Scottish replies, but it may be mentioned that the tone of those from England was very similar.

The 25 replies can be divided into two lots of 16 and 9. Let us first consider the 16 replies all showing enthusiasm for the enquiry and strongly expressing the opinion that fees are too low. Some would welcome standardisation of fees at a more reasonable level, and a ventilation of the whole matter so that an anæsthetist could have some idea of what was being charged in other centres. In reply to "Fee Suggested" for certain stipulated operations, various formulæ were submitted all based on the surgeon's fee. Some gave definite suggested fees, independently charged as in practically no instance did the anæsthetist have knowledge of the surgeon's fee.

The other 9 replies varied between actual objection to raising fees to apparent indifference. It was remarked by the Committee, however, that in three of these cases fees were already being charged well above average. The arguments against raising fees were given as follows:—

The private patient is already being exploited by the N.H.S.

He is already subsidising our adequate N.H.S. salary and there is no comparing our pre- and post-N.H.S. salaries.

He may be independent but not always wealthy.

Provident schemes tend to restrict fees, and raising ours might further curtail private practice.

Overcharging more to be worried about than undercharging.

Some surgeons' fees are surprisingly low.

To make the enquiry as complete as possible, the following bodies were approached but no constructive advice was obtained:—The Association of Anæsthetists of Great Britain and Ireland, the Anæsthetists' Group Sub-Committee of the B.M.A., and the Scottish Nuffield Provident Society.

It was hoped that a consideration of all the information received would enable the Council to establish a more realistic and standard scale of private fees. After long discussion, however, the Council decided that it was unable to offer any concrete recommendations for the following reasons:—

1. Any formula based on the surgeon's fee is, as a general rule, impracticable. Many anæsthetists resent the idea of having their fee decided for them by someone else and in any case the anæsthetic problem does not always vary directly with the surgical one. As was indicated frequently, the anæsthetist practically never knows what the surgeon is going to charge and the idea of a formula therefore breaks down.

2. The conditions under which private practice is conducted are widely dissimilar. Some nursing homes, for example, provide all equipment and drugs, while others provide none of these.

3. There is a wide variation in the type of service which is provided by different anæsthetists in private practice.

Private Anæsthetic Fees in Scotland—*contd.*

Although it has not been possible to formulate any definite recommendations, it is hoped that this enquiry will have been of use particularly to those engaged in private practice, and of interest to anæsthetists in general. It will be appreciated that this report is dealing with matter that is highly confidential and the Council is most anxious that the information divulged in the returns should be respected as such. A fuller report has therefore been prepared, containing "Fees actually charged" and "Fees suggested" for the list of operations submitted, together with the various formulæ and comments that were put forward. This special report is available on personal application to the Secretary who will forward it under confidential cover.

What They Say About Us . . .

. . . culled from various sources over the past year

1. What is the collective noun for anæsthetists? A gaggle?

—Any surgeon on encountering such.

2. I have watched anæsthetists from afar, overcome in admiration at the way they successfully manipulate consciousness, ventilation and acid-base balance without apparently the slightest reference to any objective estimate of any known physiological parameter of these functions.

—Dr. Robson, Edinburgh. Combined Edinburgh-Glasgow Meeting, October, 1960.

3. When this issue appears on the bookstalls, I shall be awaiting the anæsthetist—surely one of the most distasteful moments in the inconsequent cycle of life.

—Earl of Arran. "Weekly Post," 22nd October, 1960.

4. Helen of Troy was the first anæsthetist . . . anæsthetists to-day form a sober respectable profession.

—"Glasgow Herald," 8th June, 1961.

5. What the surgeon dares to do depends on what he knows the anæsthetist can do. British surgery is second to none. This could not be so if it were not a fact that British anæsthesia — and British anæsthetic equipment — are as good as any in the world.

—B.O.C. "Years of Challenge," p. 41.

6. Able anæsthetists have long since learned that respect can only be earned.

—H. K. Beecher. "Triangle," April, 1961.

7. They gave me laughing gas . . . but it was no laughing matter to me.

—Cedric Carne. "Scottish Sunday Express," 5th June, 1960.

8. You feel rotten and dizzy for two minutes, and then you're O.K. . . . if you're not sick.

—One dental gas patient to another.

9. Nane o' yer fairy perfume: Ah ken fine it's chloroform.

—Experienced small boy in dental chair.

10. Consultants do not necessarily grow wiser as they grow older.

—Heard at a Farewell Dinner.

11. The anæsthetist must always be the bridesmaid, never the bride blushing or otherwise; he may be the Chief Engineer of the ship, but never the Captain.

—Overheard at the A.G.M.

12. (Women) . . . They come out of the anæsthetic babbling about what to have for to-morrow's dinner and who's going to let the gasman in on Friday. . . . But once the agitated husband has slunk in for the first visit, fainted at the sight of his wife under anæsthetic (this is not uncommon), women usually enjoy their short stay in hospital.

—Mamie Baird. "Glasgow Evening Citizen," 30th January, 1961.

Letter To Non-Members

Over quite a period it had been borne home to the Council that the Society was not as well known to the younger anæsthetists as it should have been. This was perhaps understandable in former days when the functions of the Society were almost entirely social — at least as far as the onlooker could see. In his Presidential Address on 30th April, 1950, being the first meeting after the War, Dr. John Gillies emphasised that the resuscitated Scottish Society would in no sense be a rival to the rapidly developing local societies: these would still provide the platform for the discussion of scientific problems.

With the passage of years since then, the Scottish Society has enlarged its horizon, and while by no means usurping the functions of the local societies it now provides very largely for the needs of the younger anæsthetists and for that reason deserved to be known equally with them. It is the intention of the Council to promote those features which only a "national" society is able to do, such as the Registrars' Meeting and Prize. Accordingly at the A.G.M., 1960, permission was asked and granted to contact all specialist anæsthetists in Scotland not already members of the Society and to invite their application for membership. The Secretary wrote to each Head of Department requesting the names of all anæsthetists, senior and junior, and it is most gratifying to record that the co-operation was immediate and complete. Thereafter the following letter was sent to everyone not already a member, and, as intimated at the A.G.M., 33 new names were added to the roll: —

Copy of letter sent to non-members:—

This letter is being sent to all Specialist Anæsthetists in Scotland who are not yet members of the Scottish Society of Anæsthetists. Its purpose is to bring the aims and activities of the Society to their attention and to invite their application for membership.

The Society was founded in 1914 by a small enthusiastic band of "gentlemen practising the specialty of Anæsthetics in Scotland"—to quote the very words from the Minute Book. There were 15 members then. To-day the membership is over 150 and we can still claim that we are enthusiastic: we are constantly seeking to extend the scope of the Society activities. The very successful Registrars' Meeting, usually held in October each year, is now an established event: so successful is it indeed that many consultants wish they had its counterpart. In addition, there is the Registrars' Prize of £30 donated annually for the best essay submitted by an anæsthetist up to and including the status of Senior Registrar. We have now embarked on the promotion of a Scientific Conference each year, rotating as to centre, so that each region in turn has its opportunity to participate in what is meant to be a high-pressure specialist meeting. To this Scientific Conference, and to the Annual General Meeting in April, we invite distinguished Guest Speakers from all over the country, and perhaps not the least valuable part of this scheme is the opportunity it affords of conversing with these authorities on a social basis.

But there is more to a specialist society such as ours than just promoting our particular line of study, important as that is. As a mature responsible body we are aware of the obligation laid on us to look after and foster the interests of anæsthetists in general. You can take it, therefore, that what you see of the activities of our Society constitutes the visible part of the iceberg — much more goes on behind the scenes than you would imagine and all controlled by a Council composed of representatives from the different regions of Scotland.

Any active society requires a constant infusion of fresh ideas, otherwise it only ambles on, spectators rather than participants. That is why we are now approaching all anæsthetists of whatever rank, who are not yet members, to come and join us: we need you and your ideas. "We think and let think." The subscription is a very modest one of £1 per annum, with a specially reduced rate of 10/- for Registrars and below, and even that is allowable against Income Tax. For election all we require is the signature of your senior colleague that you are a Specialist Anæsthetist and we will be very glad to add your name to our Membership Roll. I enclose our Newsletter 1960, and in this you will see a resumé of our activities over 1959-60 and the programme for the incoming session. I also enclose a form suitable for membership application.

For Your Delectation

1. Sir Robert Macintosh has given in order of priority what he considers the functions of an anæsthetic department. Can you repeat them?

2. The name "Ogston" was well known to older anæsthetists. Who was Dr. Ogston and what piece of equipment bears his name?

3. The acquisition of what art in our specialty is said to be along a blood-bespattered path slippery with mucus, and is one of the least inspiring sights of modern anæsthesia?

4. What is the famous book on anæsthetic fundamentals whose preface begins . . .? "The road guide for the motorist is intended to get him to his destination."

5. What association have the following with anæsthesia? (a) Bomb; (b) Milestone; (c) Triad and tetrad; (d) Does your mother know you're out?

6. Is it normal for a patient to behave in a poikilothermic manner while under anæsthesia?

7. Would you say that the following quotation was taken from a recent or from an outdated textbook? "There is still some difference of opinion regarding the normal pattern of the metabolic disturbance which follows severe accidental injury or a major surgical operation."

8. By what one word did Sir Gordon Gordon-Taylor describe the person who would employ spinal anæsthesia for the abdominal injuries of warfare?

9. The following statements are on record: can you identify the speakers?

(a) This is better than ether.

(b) Smelling a liquid anæsthetic before its administration is second nature to the experienced anæsthetist.

(c) When I used to give patients cyclopropane, I thought I was doing them a kindness: only now do I realise how wrong I was.

(d) Should I have to be operated on, I trust my anæsthetist will treat me . . . as a worried patient . . . and maintain my airway clear.

10. Can you identify this agent? It reduces hæmoglobin and a slight anæmia may be present for a week; coagulation time is prolonged, there being a significant lowering of the prothrombin level in the blood due to the toxic effect on the parenchyma of the liver; phagocytosis is checked; fat, cholesterol and phosphate contents of the blood are all increased while the potassium is diminished; carbon dioxide in the blood is increased and there is a diminution in the oxygen; the diastolic pressure falls steeply at first and remains low until the administration is completed.

11. The following signs are associated with the diagnosis of a condition of interest to anæsthetists: what is the condition and can you describe the signs? (a) Sergent's; (b) Orroya's; (c) Schridde's.

For answers and references see page 14.

"That's why we usually rule that a man is running out of gas when he passes 60 — loses his imagination and initiative, however he may have gained in experience."

—Mr. F. J. Stephens, new Chairman of Shell Group. "Daily Express," 30th March, 1961.

"No matter what you think and with what conviction, you can take it that someone somewhere will think differently — and he is not necessarily wrong."

"I have heard it said that the reason a bird tucks its head under its wing while sleeping is to build up a good concentration of CO_2: in other words a good fug. So if you want to sleep soundly, do not open your bedroom windows."

". . . in one way or another, all our experiences are chemically conditioned."

—Aldous Huxley defending the mescalin ecstasy.

For Your Delectation

Answers and References

(From page 13)

1. (a) A first-class anæsthetic service; (b) Teaching; (c) Research. Anæsthesia 1956 11 4 275.
2. Aberdeen doctor: tall mask for administration of open ether.
3. The passage of an endotracheal tube: quoted in Gillespie's Endotracheal Anæsthesia, page 31.
4. Inhalation Anæsthesia: A. E. Guedel.
5. (a) Pinson's Ether Bomb, Lancet 1921, Feb. 12; (b) "A Milestone in Anæsthesia," Gray and Halton, Pro. Roy. Soc. Med. 1946, Mar. 1; (c) Gray's triad of the components of modern anæsthesia unconsciousness, relaxation and analgesia: Gillies added a fourth to make a tetrad, maintenance of blood volume; (d) Following Simpson's success with chloroform in childbirth, a wag of the day suggested a coat-of-arms for the doctor consisting of a new-born baby with this legend beneath. See Man Against Pain by H. R. Raper.
6. Normal behaviour. See Adriani "Chemistry of Anæsthesia," p. 416.
7. Taken from the most recent book available: Rec. Adv. Surg. 1959 p. 154.
8. A lunatic: B.M.J. 1939 ii 181.
9. (a) Sir James Simpson, October 1847, on picking himself up from the carpet. See "Glasgow Herald," 8 June, 1961. "Simpson, Pioneer of Chloroform"; (b) Dr. W. W. Mushin, "Anæsthesia for the Poor Risk," p. 45; (c) this is attributed to Gillespie: quoted in his Obituary in Anæsthesia 1955 10 4 413; (d) Sir Robert Macintosh: Anæsthesia 1956 11 4 276.
10. The agent is Ether. See Rec. Adv. Anæs. p. 2.
11. The condition is status lymphaticus. See Problems of Anæsthesia in General Practice by D. H. Lukis, p. 30.

". . . the decision will rest on you and on you alone whether to give or to withhold, to act or to refrain."

—Samson Gemmell.

"Physicians should remember the trouble they are creating for the surgeon when they embark on cortisone therapy."

—J. C. Goligher.
Scot. Med. Jour. 1959 4 1

"The knowledge relative to their calling was expanding so rapidly and on so many fronts that if they were to give a full measure of service they must keep alive in themselves the habit of learning."

—Report of Sir Hector Hetherington's Farewell Address to Graduates.
"Glasgow Herald," 10th July, 1961.

"In science, fortune favours the mind that is prepared . . ."

—Sir Gordon Gordon-Taylor.
Fleming Lecture, Jan. 1960.

"I find this work particularly intriguing because it illustrates so well how a clinical failure can be turned to scientific advantage."

—C. F. W. Illingworth.
Burns Lecture, Nov. 1959.

"You must realise that it is an awful liberty to take away a patient's breathing."

—Dr. Albert Christie.

"It is certainly the author's experience that a strap around the abdomen will cause an increased venous pressure in the head and neck."

—A. R. Hunter.
Survey of Anæs. 1961 5 151

The Scottish Society of Anæsthetists

Programme for 1961-62

1. Saturday, 30th September, 1961.
   Visit to Prof. Dott's Department of Surgical Neurology, Edinburgh.

2. Friday, 6th October, 1961.
   Registrars' Meeting in Edinburgh.

3. 31st March, 1962.
   Closing date for submission of papers for Registrar's Prize.

4. 27th to 29th April, 1962.
   Annual General Meeting—Dunblane Hydro.
   Guest Speaker—Prof. W. D. M. Paton.

5. Saturday, 26th May, 1962, in Dundee.
   Scientific Conference. Subject—Halothane.

GLASGOW AND WEST OF SCOTLAND SOCIETY OF ANÆSTHETISTS

Programme for 1961-62

Saturday, 28th October, 1961.

Joint Meeting with Edinburgh Association.

Monday, 4th December, 1961.

"Pædiatric Anæsthesia About Turn"—Dr. W. Auld, Royal Hospital for Sick Children, Glasgow.

Thursday, 18th January, 1962.

"Anæsthetists Beware"—Dr. W. N. Rollason, Royal Infirmary, Aberdeen.

Tuesday, 20th February, 1962.

Members' Night.

Thursday, 22nd March, 1962.

Presidential Address—Dr. R. N. Sinclair.

Thursday, 25th April, 1962.

Annual General Meeting.

All meetings are held in the Royal Faculty of Physicians and Surgeons, 242 St. Vincent Street, Glasgow, at 7.45 for 8.15 p.m. The Joint Meeting will be at 5.15 p.m. All visiting anæsthetists are welcome. The Hon. Secretary is Dr. W. Norris at the above address.

NORTH-EAST OF SCOTLAND SOCIETY OF ANÆSTHETISTS

Programme for 1961-62

Thursday, 12th October, 1961.

In Aberdeen—Dr. H. J. V. Morton.

Wednesday, 13th December, 1961.

In Stracathro—Prof. A. MacGregor.

Thursday, 22nd March, 1962.

In Dundee—Dr. G. Jackson Rees.

Thursday, 17th May, 1962.

In Stracathro—Dr. W. M. Shearer, Pres. Address.

The Hon. Secretary is Dr. J. I. Murray Lawson, 10(a) Adelaide Place, Dundee.

ASSOCIATION OF ANÆSTHETISTS OF EDINBURGH

Programme for 1961-62

Saturday, 28th October, 1961.

Joint Meeting with Glasgow and West of Scotland Society in Glasgow.

Mr. E. Brewin, St. Thomas' Hospital London—"Acid-Base Balance."

Tuesday, 14th November, 1961.

Presidential Address—Dr. J. Straton.

Tuesday, 12th December, 1961.

"Care of Patients with Multiple Injuries" —Mr. Gillingham, Mr. McCormack, Mr McNair, Mr. Scott.

Tuesday, 9th January, 1962.

"Mode of Action of Relaxant Drugs"— Dr. J. Payne.

Tuesday, 13th February, 1962.

"Care of the Burned Patient"—Dr. W. H. F Boyd and Dr. Anne Sutherland.

Tuesday, 13th March, 1962.

Associate Members' Communications.

Tuesday, 10th April, 1962.

Annual General Meeting.

With the exception of the Joint Meeting in October, 1961, all meetings will be held at the Royal College of Surgeons, Nicolson Street Edinburgh, at 7.45 p.m. Visiting anæsthetists will be made most welcome. The Hon. Secretary is Dr. Arch. C. Milne, 25 Camus Road East, Edinburgh, 10.

"Facilities for pH measurement should be available in every hospital; the cost of equipment is not high and the procedure is simple. The information provided is essential in evaluating patients with chronic respiratory disease, in whom combined types of disturbance are common. It is a 'must' determination when prolonged respiratory therapy is employed."

F. H. Van Bergen, Survey of Anæs 1961 5 37

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