NEWS LETTER

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THE SCOTTISH SOCIETY OF ANÆSTHETISTS

Office-Bearers for 1962-63

President	Dr. MARGARET C. MUIR, Dundee.
Vice-President	Dr. ALEX. C. FORRESTER, Glasgow.
Past President	Dr. J. W. L. BAIN, Aberdeen.

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Honorary Secretary and Treasurer

Dr. M. SHAW
12 Calderwood Road, Newlands, Glasgow, S.3
Telephone — Merrylee 0022
Department of Anæsthetics, Victoria Infirmary, Glasgow, S.2

"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.
1962 — Dr. Margaret Muir.

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.
1962 — Prof. W. D. M. Paton.

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.

Honorary Members

Dr. D. Keir Fisher, Glasgow.
Dr. John Gillies, Edinburgh.
Dr. J. Ross McKenzie, Aberdeen.
Dr. D. S. Middleton, Edinburgh.
Dr. W. B. Primrose, Glasgow.

The President Speaks . . .

. . . Dr. MARGARET C. MUIR

A Different Viewpoint

MY thoughts were directed to this subject by some letters in the British Medical Journal suggesting that an enquiry into medical broadcasts from the patient's point of view might be profitable. For some months I asked patients in various departments where anæsthetics are administered the following questions:—

1. Was this your first operation? If not, I obtained history of previous anæsthetics.
2. How long did you know beforehand?
3. What did you worry about?
4. Last impressions before going to sleep?
5. First impressions on awakening?
6. Awareness during operation?
7. Would you be less worried if you ever had to have another operation?
8. Have you ever watched operations on TV? What were your reactions?
9. Any sequelæ, e.g., sickness, sore throats, etc.?

Those who had had more than one type of anæsthetic were definite that they preferred the injection to the mask, and the general to the local or spinal. The shorter the period between the knowledge that an operation was necessary and the operation itself the better. The worst period of worry was immediately before the operation especially if left alone in a room. The horizontal position makes things and people look more formidable, hence the desire to sit up or at least to hold the head up to bring things into more normal perspective.

The main causes of worry were leaving responsibilities, e.g., children, and fear of not waking up again. In mental patients undergoing E.C.T. treatment the surprising point was the fear of the actual prick of a needle.

In my experience the most apprehensive patients are nurses, and while medicals are fatalistic about themselves, they are always very worried about their relatives.

Most patients said they went to sleep right away and only one had any recollection of the theatre. The others all said that it was some hours afterwards till they knew what was going on, although they had been told that they had responded and even spoken much earlier. All the patients except two said they would be less worried if they ever had to have another operation. The exceptions were one woman of an obviously highly nervous disposition, and the one who was aware of being in the theatre. She was unable to speak, but was sure she was dying and that no one knew.

The majority had watched T.V. operations and the stock phrase was "very interesting." I would say that those who watched did not see any reason to object, and those who did object, or whose husbands objected, had the good sense to switch off.

Personal experience is always good for one, and having experienced various anæsthetics over a period of forty years, I can appreciate the different viewpoint and also the change in anæsthetic methods.

There is a tendency nowadays in the pursuit of greater skill to lose sight of the human being whom the surgeon and anæsthetist are endeavouring to help. It has been said that an anæsthetist is a person who is half asleep watching a person who is half awake. It is not desirable that the patient should be half awake, and I would suggest that the anæsthetist who does not consider the patient's viewpoint is half asleep. Things that are commonplace to us in our day-to-day work can appear very formidable to the uninitiated. Anæsthetists can do a great deal to prepare patients for what is before them and can protect them from many unnecessary causes of apprehension. In so doing I am sure they are helping scientifically as people in a state of fear are not in a normal physiological state.

The Secretary Reports . . .

. . . Dr. M. SHAW

THE financial statement of our Society is a very necessary thing and has to be produced annually, duly audited, for inspection: very necessary, but very poor if it purports to reveal all that goes on throughout the year. Where are all the items that never show and that make holding office in this Society such a delight? The meals so beautifully cooked and served by wives in homes to which we have been invited for our meetings: the afternoon teas provided by thoughtful medical superintendents: the journeys by train and car across Scotland and the hospitality of their homes so freely given by other anæsthetists: phone calls long distance and short. We are grateful to our auditors, Dr. Grieve and Dr. Grigor, for time and service given—now that the Society has a membership approaching the two hundred mark their duties are no sinecure—but in a live society such as ours there are **many many** other items which can show on no balance sheet.

These thoughts are inspired by a look back over my term of office, and as I prepare to hand over to my successor. The office of Secretary to this Society is one which confers a quite unique privilege on its holder: he knows more anæsthetists in Scotland than any other person — that is no boast, it is a fact. The hospitality of the home of every anæsthetist is wide open to him, and quite delightful he gets to know more wives than any of his colleagues! It is my constant wonder that there is no waiting-list of applicants for the post: to work with successive presidents, to hear the deliberations of different executive councils, to have the confidence of senior and junior colleagues alike, surely these are factors which alone would make the office so well worth seeking. In handing over my credentials therefore as from the next Annual General Meeting, it will be with regret mingled with the conviction that there is one luxury no society can afford—a Secretary who is getting stale! New ideas, young and vigorous blood are essential to maintain and increase vitality: there is no marking time, movement must be forward or backward.

Last year saw the results of two special enquiries: that into the Procedure of reporting deaths associated with anæsthesia, and that into Private Practice Fees in Scotland. This year produced the Communication to the Wright Committee on the application of the principles of the Platt Report with particular reference to anæsthetic departments. To produce such a document in the name of an all-Scotland body such as ours with its multi-facetted interests demands a veritable Daniel; to water it down to spiritless platitudes would be easy, so that no one faction could take exception. To reconcile the views of teaching and non-teaching hospitals on fundamental problems is supremely difficult: the opinions and suggestions of those who regard themselves as the have-nots in respect of junior staff can hardly parallel those at a centre where there may actually be a waiting-list. Yet all these divergent views, opinions and suggestions had somehow to appear in one communication. Thereafter the Society was invited to send representatives to give further evidence to the Wright Committee, and a special report on this important meeting is given elsewhere in the Newsletter.

Members will be pleased to hear that Dr. Masson of Edinburgh has continued his crusade against those instructions in First Aid measures which do not conform with modern views: he has been in communication with the Automobile Association and they have promised to have the matter attended to for the future editions of their Handbook. In this respect the Highway Code is exemplary, and the advice given on page 3 of its cover could well be copied by all such manuals.

The year 1964 will constitute the jubilee of our Society and the Council is already giving thought to this important occasion. What form should it take and who should be asked to speak? A host of similar questions will arise and will have to be answered: already there is a consensus of opinion that the meeting should be staged in Edinburgh as a compliment to the founders of the Society who met at the Balmoral Hotel there on 20th February, 1914.

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 1962 was won by Dr. D. J. F. MacDonald of Dundee. His paper described how an episode of cardiac syncope occurred during an anæsthetic for a minor surgical procedure in a healthy young man. Halothane had been administered from an uncalibrated vaporiser for 30 minutes, and the essay consisted of an enquiry undertaken to estimate the concentrations of halothane delivered from the machine.

Dr. MacDonald described a method of calibrating a Boyle's machine for use with halothane, and he gave the results obtained with the vaporiser concerned in the episode. He concluded that the patient had been receiving no more than 0.3% halothane for 25 minutes before the arrest. In previous references to mishaps of this nature where sufficient data are available, the indications are that the arrest was associated with a high concentration of halothane: the concern of anæsthetists has been whether arrest could occur during light halothane anæsthesia in a manner similar to its occurrence under chloroform. There followed a review of the possible ætiology of primary cardiac arrest, with a discussion of the effects of light halothane and light chloroform anæsthesia on the ventricular muscle. Dr. MacDonald also paid tribute to the effectiveness of closed chest massage in this case—there was an immediate most gratifying response and as far as could be ascertained the patient suffered no sequelæ whatever.

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.
1961—Drs. D. D. Moir and J. M. Reid, Glasgow (jointly).

Activities of the Year 1961-62

1. Visit to Department of Surgical Neurology, Western General Hospital, Edinburgh—Saturday, 30th September, 1961.
2. Registrars' Meeting — Edinburgh, Friday, 6th October, 1961.
3. Registrar's Prize awarded to Dr. D. J. F. MacDonald, Dundee.
4. Annual General Meeting—Dunblane Hotel Hydro, Perthshire, 27th to 29th April, 1962.
5. Scientific Session—Dundee, Saturday, 26th May, 1962.
6. Communication to the Wright Committee on the application of the principles of the Platt Report—Interview with Committee.

Visit to the Dept. of Surgical Neurology, Western General Hospital, Edinburgh— 30th September, 1961

This was a new venture on the part of the Society, and it was made possible only by the courtesy of Prof. Norman Dott and the good offices of Dr. Allan S. Brown. A company of 72 attended. A description of the scope of the work undertaken and a diagrammatic explanation of the building and operating suites was followed by a visit. Dr. Allan Brown and Dr. Jean Horton sustained the second part of the programme with talks on their use of haloperidol and phenoperidine, and on the treatment of head injuries. This visit was so successful that the Council has decided to consider others and suggestions will be welcome.

Registrars' Meeting, Edinburgh— 6th October, 1961

Dr. J. D. Robertson and his staff acted as hosts for this meeting at which 30 visiting anæsthetists attended. The forenoon was devoted to theatre work and the afternoon to short papers and discussion. This type of meeting is of immense worth and fully justifies the work entailed in its organisation by the centre staging it.

Scientific Session, Dundee— Saturday, 26th May, 1962

The Third Scientific Session to be promoted by the Society was held in the Main Lecture Hall of Queen's College, Dundee: 72 members and guests assembled. The President, Dr. Margaret C. Muir, was in the chair, and at the conclusion of the meeting Dr. W. N. Rollason proposed the vote of thanks. The subject was "Halothane," and the following programme was sustained:—

Dr. H. W. C. Griffiths, Edinburgh — "The Case for the Non-inflammable Anæsthetic."

Dr. J. Raventos, Imperial Chemical Industries, Ltd.—"Action of Fluothane on the Autonomic Nervous System."

Dr. A. R. Hunter, Manchester—"Halothane in Clinical Anæsthesia."

Dr. Griffiths, while not decrying the properties of halothane, made a plea for the restoration of interest in chloroform. Given with modern techniques it could be used to meet all requirements, not in saturating dosages as originally employed, but in minimal volumes of 10-15 ml. per hour. Because of objections raised the younger generation of anæsthetists had never used it, being in mortal fear of the agent. He advocated therefore a full investigation to be undertaken in Scotland: a research programme should be instituted while yet there are anæsthetists who know how to use it. He considered that it could very well be administered for routine cases at a fraction of the cost of halothane, and that Heads of Departments should circulate the price of all agents used so that common sense may prevail.

Dr. Raventos gave a survey of the action of halothane on autonomic activity, discussing the mechanism of the action and explaining the results found clinically.

Dr. Hunter gave a review of the clinical use of halothane, discussing the disadvantages, then the advantages as he found them in particular specialties. He crossed swords with Dr. Griffiths concerning tests for liver damage: he averred that the serum transaminase test will pick out the case that has been anæsthetised with chloroform. Of the specialties he would go so far as to say that halothane had revolutionised anæsthesia for children.

Annual General Meeting

Dunblane Hotel Hydro, Perthshire

Friday, 27th to Sunday, 29th April, 1962

THE Society had previously met in Dunblane in 1958 and brilliant weather favoured our return: it really was a glorious week-end of warm sunshine. On Friday evening the company was entertained to a film show put on by Messrs. B.O.C., with an additional item concerning a new anæsthetic agent sponsored by Abbott Labs. On Saturday morning the Golf Competition was organised by Dr. A. G. Miller (Glasgow) with 14 men and 4 ladies taking part. The prizes went to Mr. A. Forrester and Dr. Kyles, and to Mrs. Grigor and Mrs. Bain.

The Business Meeting was held as is now customary on Saturday afternoon when a company of 70 members and guests assembled — this is somewhat down on our usual attendance. The Secretary gave the membership at the time of the meeting as 186. The financial situation had shown a gratifying improvement from the £41 of last year's balance to £114. Reference was also made to the new arrangement by which the Annual Subscription could be paid by Banker's Order, beginning with that for 1962-63; more than one-third of the members had indicated their intention of using it. An alteration to the Constitution is never lightly embarked upon: Dr. Bain in the chair explained that the alteration now before the meeting and proposed by the Council had thrust itself on our attention because of circumstances changed from those prevailing when the Constitution was drawn up. The offices of Hon. Secretary and Hon. Treasurer were combined: this had worked admirably, but now with a membership over twelve times what it had been originally the Council had decided to separate the two offices and so shed some of the load increasingly falling on the Secretary. In addition, the Hon. Treasurer would make a valuable additional member to the Council. The proposal was unanimously agreed to.

At the conclusion of the actual business transactions it was announced that approval had now been given by the Board of Faculty and Council of the Royal College of Surgeons for the written papers of the Final F.F.A.R.C.S. examinations to be held simultaneously in London and Edinburgh on Monday, 9th July, 1962.

Dr. Margaret C. Muir of Dundee then delivered her Presidential Address with the intriguing title, "A Different Viewpoint" — that of the patient. She had interrogated many patients on their impressions following operation, and could give her own verdict both as an anæsthetist and as a patient. The Registrar's Prize was awarded to Dr. D. J. F. MacDonald of Dundee for his paper on the investigations undertaken following a case of cardiac arrest under halothane anæsthesia, with a commentary on his findings: a special report is given elsewhere in the Newsletter. The guest speaker was Prof. W. D. M. Paton of the Dept. of Pharmacology, Oxford: he spoke on "The Development of New Anæsthetics," being an account of experiments carried out for the Medical Research Council to explore whether certain new fluorinated compounds could be used in anæsthesia. As he had hoped, Prof. Paton's address evoked considerable discussion.

The President introduced Mr. Fairgrieve and Mr. Milne, of the Dept. of Surgery, Royal Infirmary, Falkirk: they gave a demonstration of a Resuscitation Trolley devised and built by themselves, which was designed to be used in the management of any emergency occurring in the hospital.

On Saturday evening Dr. Margaret C. Muir held a Reception, followed by dinner to which 68 sat down. Dancing in the hotel ballroom concluded the evening.

Throughout the period there was a Trade Exhibition put on by the following firms:—

British Oxygen Co. Ltd.
Garthur Ltd.
Medical & Industrial Equipment Ltd.
Abbott Laboratories Ltd.
Duncan, Flockhart & Co. Ltd.
May & Baker Ltd.

The Platt Report and the Wright Committee

THE Platt Report and the Wright Committee: what are they about and what has the Scottish Society got to do with them? The Platt Report is concerned with the staffing structure of hospitals and the government has accepted it: the Wright Committee has been set up to ascertain how the principles of the Report can be applied in Scotland. What have we to do with either of them? We have had a lot to do with them and the transactions have entailed much work for those concerned —work which is really not yet completed.

The Society was invited early in 1962 by the Secretary of the Wright Committee to submit our views on how in our opinion the principles of the Platt Report could be applied in Scotland with particular reference to anæsthetic departments. The first thing obviously was to gain a thorough knowledge of the Platt Report, what it criticised in current practice and what it advocated. The second was to know the anæsthetic staffing position in Scotland. The task then was to formulate our communication to the Wright Committee, keeping to our terms of reference and eschewing any temptation to rewrite the Platt Report.

Meetings can be convened and committees formed: deliberations can be long, frequent and eloquent: but someone has to thrash such evidence and views as are presented into a formal communication, and this communication has to go out in the name of the Society. How do you consider has the work load of a department altered over the past few years and what is the trend for the future? Would you be prepared to give the ideal staffing structure for an anæsthetic department both teaching and non-teaching? What are your views on the proposed Medical Assistant grade? At a peripheral hospital if no trainees are available how are establishment vacancies to be filled to maintain the service? What do you think is the role of the G.P. anæsthetist? Indeed is there not a very strong argument that anæsthetics should only be given by consultants or under consultant supervision? Any one of such a multiude of problems could occupy the whole of a committee session, and individual nuances can stretch interminably. Notwithstanding, the first draft of a report was put up for consideration at the Annual General Meeting, compiled by Dr. Masson and Dr. Shaw: afterwards Dr. Kyles of Kirkcaldy was co-opted to help in the production of the final draft and this was duly submitted to the Wright Committee.

Thereafter, Dr. Wright paid us the honour of asking the Society's representatives to meet the Committee and give oral evidence on several aspects. This meetings took place in June, 1962, and a most interesting encounter it was—conversing with the actual members of the Wright Committee of which we had heard so much. Dr. Wright inferred that he would like to see us again after the holiday period is over, and that is the situation at the time of writing.

The compilation of this communication has involved the office-bearers of the Society in much work and study, but it has been of inestimable value in ascertaining the anæsthetic staffing position of Scotland as a whole. Teaching hospitals doing their utmost to provide a first-class anæsthetic service, to promote research and to give a thorough training to their registrars; peripheral hospitals with a chronic shortage of staff both senior and junior, coping with increased demands and maintaining services in the face of difficulties for which they can see no solution in actual practice; hospitals with consultant additions sanctioned but no money to implement. It is probably a human failing to think that the other fellow's job is easy: one thing is certain that the Heads of Anæsthetic Departments in Scotland are rendering yeoman service; their staffs are working loyally and maintaining standards which are a credit, often in very difficult circumstances.

A facetious description of a committee is that it is composed of the unfit, chosen from the unwilling, to do the unnecessary. That may be so, depending on how you look at it, but in this case we are all involved one way or another, and we do not regard this task as unnecessary. The Society has put its views before the Wright Committee and we do not consider what we have advocated as unnecessary. The whole fabric of hospital staffing is under review and we are honoured that the Society's voice is in at the deliberations.

The Formation of Travel Clubs

THERE are not many Anæsthetic Travel Clubs in the whole of Britain, but those that are in existence are very live bodies. The objects and aims of such a scheme need no elaboration: the members of a specialist society such as ours have but one end in view, to do their job better, and the promotion of a Travel Club is one way of achieving this.

It is difficult to gauge the desire for such an innovation within an established society, and the only way to find out is to ask each member his or her opinion; even so, each reply is bound to be hedged around with "ifs" and "buts," depending on how free the member would be at the particular time and the nature of the programme presented, etc. However, the Council decided to sanction an enquiry of a probing nature: a letter was circulated asking each member to indicate an interest either in a particular specialty or in a club devoted to "general" interest.

The Secretary's job is nothing if not interesting: immediately there was an outcry from several quarters that the "splintering" of our specialty into super-specialised groups augered no good for its future, and that if a club was going to be formed it must be of a "general" nature with a wide spread of interest. Fair enough, but of course there came the opposite view from members who would not cross the street for a demonstration in techniques which did not concern them, and who indicated strongly that only the formation of a group in such-and-such a specialty would attract them. What then are the figures? There were 70 replies in all: 36 for a general club and 34 devoted to the specialties. Of the latter, Pædiatric-Obstretric followed by Cardio-Thoracic received the greatest support.

Dr. Allan S. Brown indicated that he would run and take on the organising of a group devoted to anæsthesia for neurosurgical work, and all names have been forwarded to him at the Dept. of Surgical Neurology, Western General Hospital, Edinburgh. Any member interested in this particular specialty and not hearing from Dr. Brown should get in touch with him: he is most enthusiastic and is actively engaged in the formation of such a group.

That is the position at the present juncture. The Council in its deliberations on the whole project views it with favour, but fully appreciates that to organise workable groups would bear heavily on the office-bearers of the Society already so fully committed. An appeal for help in their formation and running was made at the Annual General Meeting at Dunblane.

It has been Written . . .

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

1. Is your English blood, then, so precious?
2. Had our ancestors enjoyed our own scientific training, they might have substituted oxygen for bread as the staff of life.
3. After all, anæsthesia is not a sport, and there is no occasion to hedge ourselves round with unnecessary rules to make the art more difficult.
4. After a death under spinal anæsthesia, the anæsthetist may often write his own name in the space of the certificate reserved for the cause of death.
5. Surgeons are traditionally accused by the Medical profession of introducing two necessary evils — wound infection and anæsthetists. In the past hundred years both of these have fortunately become less dangerous to human life.
6. A man cannot be forced to enjoy golf or yachting or fall in love with a particular blonde, and he cannot be made laboratory minded if he is not naturally inclined that way. Profitable research is carried out only by those who have the natural talent for it. There is plenty of room, however, for the man with quite different qualities — the man who takes pleasure and pride in applying the new discoveries skilfully.

(For answers and references see page 13)

It has been Said . . .

1. No discovery ever made in medicine has proved more beneficial to the human race than the discovery of anæsthesia.

—Beginning of Chapter 1 by Armstrong Davison in General Anæsthesia, Vol. I, by Evans & Gray.

2. We have succeeded in abolishing pain during operations: as for pain after operations, we are still in the 1840s.

—A. H. B. Masson.

3. A patient's dread of operation is due more to his fear of anæsthesia than to the operation itself. The fear of anæsthesia is mostly caused by the anticipation of the post-anæsthesia recovery phase. It matters little to the average patient that he received a skilful anæsthesia . . .

—J.A.M.A. 1959 170 2072 quoting Blumfeld.

4. Premedication can never be just right: it is always either over or under.

—Harold Krogh.

5. (a) Quite a number of Fellows of the Faculty of Anæsthetists have never given a dental anæsthetic.—G. S. W. Organe.

(b) It was all nitrous oxide work and I was somewhat amazed to see a method of induction using 100% nitrous oxide to start. I really didn't think people were still doing that sort of thing. — Dr. Adrian Hubbell, U.S.A., commenting on dental anæsthesia in this country.

(c) The dental anæsthetist . . . is using an anæsthetic which is very inefficient and occasionally he may not be able to give a perfect anæsthetic. It is a great pity that in the 115 years since the use of nitrous oxide as a general anæsthetic nothing more efficient for dental purposes has been discovered. — Pulse, 23rd June, 1962.

(d) No dental gas for me — two elderly acquaintances of mine were walking on cotton wool for a whole week after having gas. — Dr. Stocquart.

(e) I feel like apologising to every patient to whom I have to give gas at the dentist. Surely it is time to change the induction to an intravenous one.

6. (a) After two hours of labour I thought that if these were labour pains there was nothing to them. One hour later I would have sold my soul to the devil if he could have guaranteed to stop the agony. I suggest that Prof. Haynes next invents some device that will simulate labour pains for the benefit of those authorities who laud natural childbirth. I would also like some technician to adapt a gas and air machine to dispense gin and vermouth, the latter mixture being more conducive to mental detachment and physical well-being. — Letter to "Sunday Telegraph," 26th Nov., 1961.

(b) Personally I doubt whether, even under ideal conditions, it (childbirth) can be painless and enjoyable for everybody. For many of us it will still be a tough and (let's use the forbidden word) PAINFUL ordeal. — do. do. 11th February, 1962.

(c) We were surprised that so many women did not use inhalation analgesia. Either they disliked the smell (of rubber or of trichlorœthylene) or they thought that it gave no help.—Lawson & McGowan: Lancet, 9th June, 1962. Pg. 1208.

7. (a) In the past the anæsthetists had to rely on their unaided senses to assess the condition of their patients. This no longer suffices for the present requirements of surgery and anæsthesia. The anæsthetist should take advantage of the methods for more precise measurement which are available now and which will become increasingly available in the future.—Prof. Woolmer: Annals of the R.C.S. Eng. 1961 29 4 236.

(b) The anæsthetist must be wary in that he must not trust his monitors — in the last analysis he must use his own clinical judgment. —Dr. W. N. Rollason.

(c) I beg to make the strongest possible plea for the use of the anæsthetist's own hands and eyes. There are far too many things to do for the anæsthetist to spend much time looking at the dial of an electrical or electronic pulse monitor. — Dr. R. W. Cope: Proc. R.S.Med. 1962 55 2 133.

(d) The guidance of medicine has fallen to the forces of scientific materialism, with its one-

sided emphasis on the measurable and the techniques of measurement. . . . Modern consciousness is intensely limited. It has become white hot and brilliantly focussed on an extremely small field. All the realms of experience not contained within this field are denigrated. . . . — Editorial: B. Hom J. 1961. April Pg. 71.

8. (a) Sleep is largely habit. A person who has no definite reason for staying awake automatically sleeps more. It is part of Man's evolutionary process that he should sleep less and less as he discovers more reasons for staying awake.—Dr. N. Pai.

(b) . . . the remarkable thing is not that we go to sleep but that we stay awake, and that we stay awake mainly by habit and choice.—Sir G. Jefferson quoting Kleitman: Triangle. July, 1961.

(c) I think he would rather fish than play golf: golf and fishing are the two things that keep him awake.—Mrs. Jack Nicklaus of her golf-champion husband: "Daily Mail," 9th July, 1962.

(d) Now it appears that we must take account of a bulbar system which will actively inhibit the cortex. To complicate the picture further it is suggested that this bulbar system can be stimulated to suppress the cortex by impulses originating in the viscera or in the cortex itself and that the sleeping cortex shows evidence of disinhibition as well as inhibition. —Scot. Med. J. 1962 7 330. Review of symposium "The Nature of Sleep."

9. (a) If curare has any serious fault it is the increased bleeding in the operation wound which so often follows its injection. — W. W. Mushin.

(b) In this connection the advent of relaxant anæsthesia has not been an unmixed blessing, and is probably associated with a higher rate of post-operative chest complications than the inhalation type of anæsthesia it has replaced.—P. G. Bevan: B.M.J. 1961 II 609.

(c) It is these damned relaxants — we are getting more and worse chests than we used to get 25 years ago with ether anæsthesia.—Outcry from surgeon.

10. Are you scared when under gas
That from this life you'll pass?
Don't fret! On—and staff you can rely.
With your larynx intubated
And your heart defibrillated
You'll be safely back in bed before you die.
—Mr. T. Gibson.

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 1962-63, payable 1st April, 1962. 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.

It has been Written . . .

Answers and References

(From page 10)

1. An unimpressed French visitor is supposed to have asked this of Moynihan in the face of his painstaking hæmostasis. — B.M.J., 12th May, 1951. Annotation Pg. 1069.
2. W. W. Mushin.—" Anæsthesia for the Poor Risk," Pg. 59.
3. A. H. Galley defending the use of adjuvants for dental anæsthesia.—Lancet 1945 II 597.
4. Attributed to Wayne Babcock. — See E. Falkner Hill: B.J. Anæs. October 1961. Pg. 540.
5. Richard Gordon.—See " Sleeping Partner," Punch, 7th October, 1953.
6. Sir Robert Macintosh. — Anæsthesia, 1956 II 275.

If my teachers were to come back and walk into a modern theatre, they would not know where they were and would wonder what had hit them.

—Prof. John Bruce:
" Scotsman," 14th March, 1962.

Let us have done with these 50-bed units, each with its petty dictator, isolated from its neighbours like so many cottage hospitals.

—Sir Chas. Illingworth:
Scot. Med. J. 1962 7 1 1.

The higher up the tree a specialist goes, the more he must beware of becoming isolated—he must remember the contributions to be made to medicine by his juniors.

—Dr. J. B. Gaylor.

Six months are enough to make a good technician in anæsthetics: years are needed before one sees an artist.

—Dr. Craig Borland.

(Injecting morphine into a vein) . . . neither the degree nor the duration of analgesia is as great from the intravenous as from the subcutaneous route . . . the subjective depression is greater for a short period but there is less pronounced and less prolonged elevation of the pain threshold.

—Pitkin's Conduction Anæsthesia Pg. 756.

A drug is anything which injected into a cat will produce a medical paper.

—The late Mr. Anderson, Aberdeen, quoted by Dr. A. Christie.

For years now I have spent my waking hours as an anæsthetist. During this period of sitting . . . there have inevitably been opportunities for thinking.

—Dr. A. Tindal: Lancet, 4 Aug., 1962.

It is apparent that anatomists and physiologists have had some difficulty in deciding the exact origins of the varied nerve supply of the bladder, and if the views of some authorities are accepted, certain clinical phenomena are left unexplained.

—Dr. H. H. Pinkerton:
B.J.Anæs. 1948 21 2.

The Scottish Society of Anæsthetists

Programme for 1962-63

1. Saturday, 29th September, 1962.
   Visit to Victoria Infirmary, Glasgow.
   New Operating Suites and Central Sterile Supply Dept.

2. Friday, 12th October, 1962.
   Registrars' Meeting—
   Royal Infirmary, Glasgow.

3. Thursday, 8th November, 1962.
   Visit to May & Baker, Dagenham.

4. Saturday, 30th March, 1963.
   Closing date for submission of papers for Registrars' Prize.

5. Friday, 26th, to Sunday, 28th April, 1963.
   Annual General Meeting, St. Andrews.
   Guest Speaker—Prof. E. A. Pask.

6. Saturday, 25th May, 1963.
   Scientific Session in Edinburgh.

REPORTS AVAILABLE

Copies of the following may be obtained on request from the Secretary:—

1. Report on the activities of the sub-committee investigating the Procedure for reporting Deaths Associated with Anæsthesia.

2. Private Practice Fees in Scotland: Results of an Enquiry.

3. Communication to the Wright Committee on the application of the Principles of the Platt Report.

4. Newsletter No. 2—October, 1961.

GLASGOW AND WEST OF SCOTLAND SOCIETY OF ANÆSTHETISTS

Syllabus for 1962-63

Saturday, 27th October, 1962.
Combined Meeting in Edinburgh.

Wednesday, 5th December, 1962.
"Post-operative Respiratory Insufficiency" —Dr. A. R. Hunter, Manchester.

Friday, 25th January, 1963.
"A Visit to Canada and the Eastern U.S." —Dr. H. H. Pinkerton.

Thursday, 21st February, 1963.
Members' Night—Drs. D. D. Moir and I. Levy.

Friday, 29th March, 1963.
Presidential Address—Dr. Jas. Crawford.

Friday, 19th April, 1963.
Annual General Meeting.

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With the exception of the Combined 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 Hon. Secretary is Dr. Don. Campbell at the above address.

ASSOCIATION OF ANÆSTHETISTS OF EDINBURGH

Syllabus for 1962-63

Saturday, 27th October, 1962, at 5.15 p.m.
Combined Meeting with Glasgow and West of Scotland Society, University Staff Club, 9-15 Chambers Street, Edinburgh.
"Lung Infections"—Dr. J. McC. Murdoch, Dept. of Infectious Diseases.

Tuesday, 13th November, 1962.
Presidential Address—Dr. F. Holmes.

Tuesday, 11th December, 1962.
"Problems in the Management of Patients undergoing open heart surgery"— Dr. I. M. Lawson.

Tuesday, 8th January, 1963.
"Electronic Equipment for the Anæsthetist of To-morrow"—Dr. David C. Simpson.

Tuesday, 12th February, 1963.
"Renal Hypertension"—Dr. A. Doig.

Tuesday, 12th March, 1963.
Associate Members' Communications.

Tuesday, 9th April, 1963.
Annual General Meeting.

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.

NORTH-EAST OF SCOTLAND SOCIETY OF ANÆSTHETISTS

Programme for 1962-63

Friday, 19th October, 1962—Aberdeen.
Observations on the Inferior Vena Caval Pressure during anæthesia—Dr. D. B. Scott.

Wednesday, 12th December, 1962—Stracathro.
Recent Advances in the Diagnosis and Treatment of Congenital Heart Disease — Dr. Hamish Watson.

Wednesday, 20th March, 1963—Dundee.
The Treatment of Post-operative Respiratory Complications—Dr. M. K. Sykes.

Thursday, 16th May, 1963—Stracathro.
Presidential Address—Dr. John Latham.
Annual General Meeting.

* * *

Particulars may be had from Dr. J. I. Murray Lawson, 10(a) Adelaide Place, Dundee.

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