

NEWS LETTER



Founded
20th February, 1914

October 1960

THE SCOTTISH SOCIETY OF ANAESTHETISTS

Office Bearers for 1960-61:-

President	Dr. Andrew Tindal, Glasgow
Vice-President	Dr. J.W.L. Bain, Aberdeen
Past-President	Dr. Alison Ritchie, Edinburgh

Members of Executive Council:-

Edinburgh	Dr. C.T. Barry
	Dr. A.H.B. Masson
Glasgow	Dr. Don. Beaton, Stirling
	Dr. H.Y. Wishart
Dundee	Dr. J.I. Murray Lawson
Aberdeen	Dr. W.N. Rollason

Honorary Secretary & Treasurer:-

Dr. M. Shaw
75 Woodend Drive, Glasgow, W.3.

Department of Anaesthetics
Victoria Infirmary, Glasgow, S.2.

"The objects of the Society shall be to further the study of the science and practice of anaesthetics and the proper teaching thereof, and to conserve and advance the interests of anaesthetists"

"Ordinary membership shall be restricted to members of the medical profession practising the speciality of anaesthetics"

Extracts from the Constitution.

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

THE PRESIDENT SPEAKS.....

..... Dr. Andrew Tindal

This Newsletter is barefaced propaganda for our specialty and it is long overdue. And for this reason: after the literally world-shaking success of the introduction of anaesthesia, the practical administration of the actual anaesthetic was relegated to anybody who happened to be handy - in most cases this was the poor unskilled House Surgeon, resulting in a biannual crop of anaesthetic fatalities. The public were not willing to pay for this great discovery, and for a hundred years anaesthesia was done on the cheap. In recent memory anaesthetic apparatus in many an operating theatre was no more than a special gown with two pockets in the breast for two drop bottles of chloroform and ether, a Schimmelbusch mask and tongue forceps. Also by the very nature of our work, such specialist anaesthetists as there were, seldom met each other, and consequently there was no corporate body of anaesthetists. Having no corporate voice the status of our specialty suffered.

In anaesthesia our successes go unnoticed, but our failures are so clamant: ours is the only specialty where failures automatically become the subject of investigation by the law officers.

This Scottish Society of ours was founded in 1914, and 1964 will be our jubilee year. Ours is one of the oldest, if not the oldest, Anaesthetic Society, but our corporate voice has not been all that strong on the political side. To advance, a specialty must be strong both on the scientific side and on the political. Science needs money, and only from a strong political position can finance be obtained. It is therefore necessary that all who are eligible should be members of the Society and so give weight to the efforts by your office-bearers in their negotiations with the authorities. Please try to get your colleagues to become members and so ensure that in our jubilee year we really do speak with the voice of the anaesthetists of Scotland.

"Humans differ from animals only in that they make fire and are aware of the inevitability of death".

Dr. A. Tindal

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 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; acknowledgement to colleagues etc. should not be included.

The prize for 1960 was won by Dr. Geo. R. Dow of the Western Infirmary, Glasgow, with his essay on "Indications for Steroid Anaesthesia." Hydroxydione has been developed in recent years as a versatile anaesthetic agent, although its use has been marred by the vein damage frequently encountered. Galley & Lerman (1959) published a simple and relatively trouble-free method of administration of the drug by using a weak solution of procaine as the solvent. In the present series of 87 cases, the drug was prepared

as a 5% solution in 0.5% Procaine HCl, and injected rapidly via a largebore serum needle into as large a vein as was available - if possible in the antecubital region. In the 75 cases where a large vein was used for the injection, no reaction occurred at all; in the other 12, in whom only a small vein could be found, 6 showed a mild to moderate reaction in the two to three days following the injection.

Hydroxydione was used with success as the main anaesthetic agent in a wide variety of cases, and it was thought to be particularly suitable for poor risk patients. It may also have a special place in anaesthesia for cardiac catheterisation. Of the 87 cases reported, 31 were of Caesarian Section: a technique was evolved for this operation in which Hydroxydione (usually 0.75 gm) was injected as above, followed by the administration of a muscle relaxant and inflation with 100% oxygen. Nitrous oxide was added only after the delivery of the baby. This technique was found to be especially suitable in those cases showing foetal distress: it was thought that only the oxygen reached the foetus in appreciable amount, an obvious advantage only otherwise obtainable by the use of local anaesthesia for the operation. Observations were also made on the benign effect of hydroxydione on the tone of the uterus throughout the operation.

"Humans differ from animals only in that they make fire and are aware of the inevitability of death".

Dr. A. Tindal

"In the early days of paediatric anaesthesia, a battle often ensued, with victory not always going to the larger contestant".

Dr. Margaret Hawksley

ACTIVITIES OF THE YEAR 1959-60

1. Meeting with Provincial Societies July 1959 and 1960.
2. Registrars' Meeting: Glasgow, October 1959.
3. Visit to I.C.I. Laboratories, 15 October 1959.
4. Scientific Meeting: Edinburgh, February 1960.
5. Investigation into Procedure of Reporting Deaths Associated with Anaesthesia.
6. Annual General Meeting: St. Andrews, May 1960.

MEETING WITH PROVINCIAL SOCIETIES This has now become an annual fixture, and our representatives attend by arrangement. There is no formal organisation of provincial societies of England & Wales, but it has been agreed that each of the anaesthetic societies should send representatives to a combined meeting which is held at the place and time of the B.M.A. Annual Meeting. Dr. A.C. Forrester (Glasgow) has acted as our representative since these meetings were inaugurated in July 1957. Discussions are held on various topics ranging from publicity and mutual information about programmes, to the invitation to visitors from abroad.

REGISTRARS' MEETING: Glasgow, 9 October, 1959.
Number attending 39.

This again proved to be an excellent meeting and was much appreciated. Many will be interested to hear that the whole of the afternoon was devoted to dental anaesthesia.

VISIT TO I.C.I. LABORATORIES, Alderley Park, Manchester:
15 October, 1959.

This was the Society's second visit, and it was arranged specially for those members unable to attend on the previous occasion. A party of 19 had accepted the invitation and the visit was entirely successful. The opportunity of throwing questions at Dr. Raventos for a full hour is an experience both educative and enjoyable.

SCIENTIFIC MEETING: Edinburgh, 20 February, 1960.
Most members will now know that the Society has decided to enlarge the scope of its activities by promoting a Scientific Meeting to be held annually. The first of these was

held at the Western General Hospital, Edinburgh, and in spite of most inclement weather, more than 100 members and colleagues assembled. Tea was provided by courtesy of the Board of Management of the Hospital, and on the conclusion of the meeting the company was entertained to sherry by the Edinburgh Association of Anaesthetists. The subject was "Anaesthesia and Heart Disease", and the following programme was sustained:-

Dr. R.M. Marquis, Edinburgh:-

"A Medical Approach to Cardiac Surgery"

Dr. H.W.C. Griffiths, Edinburgh:-

"Some Anaesthetic Problems in Patients with Heart Disease"

Mr. A.L. d'Abreu, Birmingham:-

"Post-War Development of Anaesthetic & Surgical Techniques in Cardiac Surgery"

"There are still therapeutic worlds to conquer: it would be the hall mark of senility to put a brake on the production of hitherto unknown agents"

Dr. L.B. Wevill

"For every feather I get in my cap, I've had two taken out of my tail"

.....Overheard at the A.G.M.

INVESTIGATION INTO THE PROCEDURE OF REPORTING DEATHS
ASSOCIATED WITH ANAESTHESIA

In his Presidential Address at Dunblane 1957, Dr. Lawrie (Perth) made the suggestion that the Society might consider the procedure of reporting deaths associated with anaesthesia, as pertaining throughout Scotland. It was well known that anomalies existed and local customs varied, giving a lack of uniformity which must reflect eventually in the vital statistics of the country. The Council nominated a Sub-Committee consisting of Dr. Lawrie, Dr. Sinclair (Glasgow) and Dr. Shaw, and duly authorised it to hold exploratory discussions, with an approach to the Crown Agent in Edinburgh to be arranged when indicated. This Sub-Committee prepared and circulated a questionnaire to all Consultant and S.H.M.O. anaesthetists in Scotland, and to all Practitioners with anaesthetic appointments at peripheral hospitals. An analysis of the returns was made, and to prepare the final Memorandum and Recommendations, the Sub-Committee invited Dr. Gillies (Edinburgh), Dr. Shearer (Dundee) and Dr. Raffan (Aberdeen) to lend their experience.

This has entailed a vast amount of work, and progress has been of necessity slow. In November 1959, the Memorandum with Recommendations was submitted to the Crown Agent. In July 1960, the Crown Agent convened a meeting which our representatives attended (Dr. Lawrie, Dr. Sinclair); the report of this meeting is now in the hands of the Council. It is anticipated that there will be one further meeting with the Crown Agent before the final decisions are arrived at.

This whole enquiry has been taken up by the Society because of the concern expressed by individual anaesthetists over the difficult and apparently anomalous situations which arise from time to time. The Society is very conscious of its responsibility in this matter, and has no desire at all to alter the intention of the instructions of either the Local or Crown Authorities. It is of the opinion however that the position could be greatly improved without prejudice to that intention or to the information conveyed and later perpetuated in statistical and other records.

ANNUAL GENERAL MEETING: Rusack's Hotel, St. Andrews
Friday 6 May to Sunday 8 May 1960

This was the first time the Society had met in St. Andrews, and glorious weather favoured the occasion. On Saturday morning, a Golf Competition was organised by Dr. J.R. Gallie (Glasgow): 14 men and 8 ladies took part, and the prizes were donated by Messrs British Oxygen Gases, Ltd., and Messrs Medical & Industrial Equipment Ltd. The Men's competition resulted in a tie for first place between Prof. Sir Dugald Baird, our Guest Speaker, and Dr. H. Fairlie (Glasgow), with Sir Dugald winning the toss. The Ladies' Prizes were won by Mrs. Pinkerton and Mrs. Gallie.

The Business Meeting was held on the Saturday afternoon when a company of 124 attended. Reference was made to the tragic death of a member, Dr. A.A. Dewar of Glasgow, as the result of a car accident. In presenting the Financial Statement, the Hon. Treasurer announced that the Cash Balance now stood at some £100 - a most satisfactory position. Membership at the time of reporting was 150.

In view of the increased commitments which the Society was undertaking, the Council recommended that the Annual Subscription should be raised to £1 per annum, beginning with the subscription for 1960-61, but that for all members of the status of Registrar and below, there should be a specially reduced rate of 10/- per annum. This was approved by the meeting. It was also proposed and adopted that the term of office of the Regional Representatives should be extended from the present 2 years to 3 years; this would afford the opportunity of getting to know the running of the Society better.

Dr. Andrew Tindal then delivered his Presidential Address which was entitled "Anaesthesia - Things that may happen" in which he gave his views of the future of our ever-advancing specialty. The Registrars' Prize was won by Dr. Geo. R. Dow, Glasgow, with his essay on "Indications for Steroid Anaesthesia". The Guest Speaker was Prof. Sir Dugald Baird of Aberdeen who gave as his address "Obstetric Anaesthesia and Analgesia"

The President welcomed Dr. Deirdre Gillies, on a visit from Montreal, and invited her to address the meeting. She reported differences in technique and outlook, the scheme of training of anaesthetists etc., and commended to the

younger generation of specialist here that they consider following their practice in Canada.

On Saturday evening, Dr. & Mrs. Andrew Tindal held a Reception, followed by Dinner to which 82 sat down. Dancing concluded the evening.

Throughout the period of the conference there was a display of anaesthetic equipment and sundries, put on by Messrs B.O. Gases Ltd., and Messrs Medical & Industrial Equipment, Ltd. There was also an exhibit of Infusion and Transfusion Equipment of the closed type, put on by Messrs Baxter Laboratories, Ltd., London.

PRESIDENTIAL ADDRESS by Dr. Andrew Tindal
St. Andrews May 1960

"Anaesthesia - things that may happen" was the title chosen by Dr. Tindal but he warned us at the very beginning that "many of the things I have to say will be far removed from anaesthesia". He thought that this should always be so in a Presidential Address, because our specialty is becoming so highly technical that we cannot see the picture for the brush strokes. It is advancing so rapidly after a hundred years of Sleeping Beautydom that it is difficult to keep pace even with the literature, far less with the technique and know-how.

Anaesthetics	sprang from	Surgery	
Surgery	"	"	Medicine
Medicine	"	"	Religion
Religion	"	"	Magic
Magic	"	"	Science

Using this family-tree as the scaffolding for his address, he said it was impossible to predict the future of anything without first looking at its past with an unprejudiced eye.

He postulated that the first men on earth were nomadic hunters, who gradually learned agricultural pursuits; among them there arose a sect keeping scientific knowledge to themselves and enhancing their value to the community. From this exclusive priesthood there arose those who claimed to work Magic: humans being what they are, this service did not go unrewarded, and the status of its suppliers stood ever higher. Religion arose from the strong innate human objection to the one inevitable feature of life - Death: where there is sufficient demand there will always be an attempt at supply, and so the characteristic of all major religions is a renewal of life or Eternal Life. The very multiplicity of religions indicates that there is no cure for death, and it looks as if an attempt was therefore made to alleviate the sufferings of life as it was. The practice of Medicine thus was born, but its efficacy was doubtful: even up to one hundred years ago, the two chief remedies of the physician were bleeding and purging. Now that Medicine is definitely having an effect on morbidity and mortality, it has become a powerful political force. The culmination of a Democracy in a Welfare State raised the inevitable problem of the outcome of the coddling of the useless:

there is the danger of a reversion to "bread and circusses".

The President then looked to the future of our own specialty, and ranged over a wide field. He finished with a reference to oxygen carriage without haemoglobin - an artificial blood which could be oxygenated, pressurised, cooled and made to carry the anaesthetic. An exciting prospect.

"Obstetric Anaesthesia and Analgesia"

Address delivered by Prof. Sir Dugald Baird, Aberdeen, as Guest Speaker at the Annual General Meeting, St. Andrews

This was an essentially personal review of how anaesthesia and analgesia have altered since the time Sir Dugald started his career as a specialist. In dealing first with normal confinements, he ranged from the use of chloroform through twilight sleep to the Tindal-Barr apparatus which he claims still to possess; then came the introduction of Pethidine, and latterly its supplementation with the phenothiazine derivatives. In operative obstetrics, he recalled particularly the era of the "spinal" regime when most operations for Caesarean Section were performed with this technique. His memory was of the high incidence of subsequent headache and of paralytic ileus: in most interesting and gratifying contrast, the present day techniques of general anaesthesia have abolished these.

The address covered a wide range, including a psychological assay of women in labour, and touching on the difficulty of what methods to teach to undergraduates. A brisk discussion followed.

OBITUARY

F.G. Gibbs, F.R.C.S. Ed., F.R.C.P. Ed.,
F.D.S.R.C.S. Ed., F.F.A.R.C.S. Eng.

It is with the deepest regret that we have to announce the death at Edinburgh on 24 June 1960, of Dr. F.G. Gibbs. Dr. Gibbs joined the Society in 1923, and in 1955 he delivered his Presidential Address "Philosophical Approach". He was elected an Honorary Member in 1960. A distinguished figure and a most cultured personality, he will be missed from our meetings at which he was a most loyal attender.

FORTHCOMING EVENTS FOR 1960-61

1. Registrars' Meeting:- Aberdeen, Friday 7 October 1960
2. Visit to the premises of Messrs May & Baker, Ltd.,
Dagenham:- **Thursday** 3 November 1960.
3. Scientific Meeting:- Glasgow, Saturday 18 February 1961
Subject :- Muscle Relaxants and Abnormal Responses.
Speakers:- Dr. H.C. Churchill-Davidson, London.
Dr. J.J. Lewis, Dept. of Pharmacology,
University of Glasgow,
Dr. B. Wolfson, Western Infirmary, Glasgow.
4. 31 March 1961 Closing date for submission of papers
for the Registrars's Prize.
5. Annual General Meeting: Gleneagles Hotel, Perthshire;
April 28 - 30 1961.
Guest Speaker : Dr. G.S.W. Organe, London.

GLASGOW AND WEST OF SCOTLAND SOCIETY OF ANAESTHETISTS
Programme for 1960-61

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| Saturday 22 October, 1960 | Joint Meeting with Edinburgh Association of Anaesthetists in Adam House, Chambers Street Edinburgh at 5 p.m.
Dr. J.S. Robson:- Experiences with the Artificial Kidney |
| Thursday 8 December, 1960 | "Dental Anaesthesia"
Dr. W.S. McConnell, Guy's Hospital, London |
| Tuesday 17 January, 1961 | Brains Trust |
| Wednesday 22 February, 1961 | Symposium from University Dept. of Anaesthetics, Royal Infirmary, Glasgow |
| Thursday 23 March, 1961 | Presidential Address -
Dr. O.M. Watt |
| Thursday 27 April, 1961 | Annual General Meeting |

NOTE:- With the exception of the October Meeting, all meetings are held at 8.15 p.m. at Royal Faculty of Physicians & Surgeons, 242 St. Vincent Street, Glasgow, C.2. where the Secretary Dr. W. Norris can be contacted. All visiting anaesthetists are welcome and should make themselves known to the President sometime during the course of the evening.

ASSOCIATION OF ANAESTHETISTS OF EDINBURGH

Saturday 22 Oct. 1960	Combined Meeting with Glasgow & West of Scotland Society
Tuesday 8 Nov. 1960	Presidential Address: Dr. H.W.C. Griffiths
Tuesday 13 Dec. 1960	Paediatric Symposium
Tuesday 10 Jan. 1961	"Research & Clinical Medicine" Prof. K.W. Donald
Tuesday 14 Feb. 1961	Debate
Tuesday 14 March 1961	Registrars' Papers
Tuesday 11 April 1961	Annual General Meeting

With the exception of the Combined Meeting in October 1960, all the meetings will be held at the Royal College of Surgeons, Nicolson St., Edinburgh, at 7.45 p.m. Visiting anaesthetists will be made most welcome. The Hon. Secretary is Dr. Arch. C. Milne, 25 Camus Road East, Edinburgh, 10.

A mile stone in the history of the
Scottish Society of Anaesthetists.

J. Ross Mackenzie, M.D., F.F.A.R.C.S., D.A.

Mr. President, Secretary and Members of the Scottish Society of Anaesthetists, I am indeed much honoured by being invited to join in your great adventure. If we all work hard this "Newsletter" will become the annual magazine of Anaesthetics of the Scottish Society of Anaesthetists. I am confident that your courageous and worthy enterprise will be supported and read by Scottish Anaesthetists, far and wide. It carries my very good wishes for a happy arrival and a brilliant future.

The Scottish Society of Anaesthetists was founded in 1914, and then came the first World War. The Founders and pillars of the Society were Dr. Stuart Ross of Edinburgh, Dr. Fairlie of Glasgow, Dr. Torrance Thompson of Edinburgh and Dr. Napier of Glasgow, who was Secretary for several years.

Stuart Ross was a robust man, an administrator and the author of an excellent book on Practical Anaesthetics. Fairlie was a man of refined character, with great ability and vision. He was the perfect anaesthetist and had the complete confidence of the surgeons of Glasgow. Torrance Thompson was the scientific anaesthetist and observer. He was a philosopher and appeared to scorn the mundane things of ordinary daily life. Napier was the genial, cynical, highly efficient Secretary, who took notes, and with a grin, confronted you with them, just when you were least expecting. Many a happy hour did I spend with them, both at work and play.

They have gone:-

"Where falls not hail or rain or any snow,
Nor ever wind blows loudly".

But, the Society does well to recall their mighty work for anaesthetics. They were pioneers; great gentlemen all. It was my good fortune to be associated with them, and, for their inspiration and example my personal gratitude continues until this day.

I note with pleasure that my friend, and former pupil and colleague, Dr. John Bain is Vice-President of the Society. May his year of Presidential office be a very happy one for himself and fruitful to the field of anaesthetics.

The Society at Work.

In 1926, a large contingent of anaesthetists from the United States of America and Canada were in this country. They came to Glasgow, and were entertained by the Scottish Society of Anaesthetists. Both Dr. Stuart Ross and Dr. Fairlie made valuable contributions to this meeting. At one of the sessions I opened a discussion on Carbon dioxide in Nitrous oxide, oxygen and ether anaesthesia in infants and young children. (1)(2) Thereafter, the audience repaired to the Children's Hospital, Glasgow, where two infants underwent operation for Inguinal hernia, and I demonstrated my technique of Nitrous oxide, oxygen anaesthesia with my own portable apparatus which had a modified Boyle, water flowmeter.

It was a happy and successful meeting and I made many friends, such as Dr. Wesley Bourne of Montreal and Dr. McKesson of Toledo, Ohio. It can be said of both, that their work and their influence in anaesthetics have reached to every quarter of the globe.

I recall my envy of the ease with which the American anaesthetists rose and talked on any subject under discussion. I admired their flow of language, their constructive criticism and their confidence in themselves and in their country.

In 1929, The Scottish Society of Anaesthetists was entertained by the anaesthetists of Dundee. The Chief anaesthetist was Dr. Mills. In those days the Society met in Glasgow, Edinburgh, Dundee and Aberdeen in rotation. But, today, you have a more sensible, a more diplomatic and a more attractive half way meeting place at Dunblane or Gleneagles.

It was at this meeting in 1929 that I delivered my Presidential Address on "The Aetiology, Prophylaxis and Treatment of Post-anaesthetic Sickness". The address was published in the Lancet. (3)

Post-anaesthetic Sickness continues to be a problem to the anaesthetist of today. The psychological and physiological reactions of the individual patient pending an anaesthetic and an operation are hard to measure and very difficult to treat.

In 1929, I set on a tour of the American and Canadian teaching hospitals. It was a memorable and instructive experience. Many of the Anaesthetists I met and their personalities come vividly back to me. I recall more particularly Dr. Gwathmey of New York, Dr. Wesley Bourne of Montreal, Dr. Lundy, who was Chief Anaesthetist at the Mayo Clinic, Dr. McKesson of Toledo, Ohio, and Dr. Davis of the Johns Hopkins Medical School, Baltimore. I was impressed by their routine work in the operation theatre, but more especially with the experimental work on animals which they carried out in the Laboratory. An account of my itinerary was published in Anaesthesia and Analgesia. (4)

On my return to Aberdeen, I devoted my whole time and energies to the Art and Science of Anaesthetics at the Royal Infirmary and the Royal Aberdeen Hospital for Sick Children. This was a complete innovation in our medical school. There was no precedent and some of the Authorities could not or would not visualise the great future that was in store for anaesthetics.

It seemed as if some of the surgeons were anxious to retain control of anaesthetics. On occasion I was reminded that the anaesthetist had no patients and that any suggestion I made regarding pre-anaesthetic or post-anaesthetic treatment of the surgical patient would require to be sanctioned by the surgeon in charge and might be completely vetoed by him.

In my early days this was one of many delicate situations that required considerable diplomacy in handling. But, the supreme aim and object of the Anaesthetist being, solely, the benefit of the surgical patient, he was destined to win. It was a long, hard and humiliating road, but today, the wise surgeon is ready to hand over to the competent anaesthetist all the various responsibilities connected with the anaesthetic. Indeed, it would be true to say that the surgery of the heart and great vessels, the brain and the lungs have been made possible to the surgeon, with comparative safety to the patient, by the advances that have been made in the technique of anaesthesia.

Teaching of Anaesthetics.

During a post-graduate course for general practitioners in Aberdeen I gave a lecture and demonstration in the operation theatre, on the simpler methods of anaesthesia that

might be expected by the surgeon from the ~~country~~ practitioner. (5) I suggested that certain circumstances might justify immediate action by the surgeon.

- (a) If the time factor were of the utmost importance in preventing deterioration both of the patient and the pathological condition.
- (b) If severe pain would be quickly relieved.
- (c) If the patient were far from hospital and transport difficult.
- (d) If the surgeon had travelled a long distance to see the patient.

The Editorial staff of one of our weekly medical journals evidently considered the subject of some importance for the lecture appeared as the leading article, along with comments on the editorial page. It was flattering and stimulating to know that notice was being taken at headquarters of the importance of anaesthetics and of the work of members of the Scottish Society of Anaesthetists.

At this time there were anaesthetists attached to teaching hospitals who denounced any teaching of anaesthetics to undergraduates and declared that all anaesthetics should be administered by an expert anaesthetist. This would be a high ideal for the world of anaesthetics, but, it is just as impossible today, as it was yesterday, by reason of the fact that we still have with us, minor surgery and obstetrics, country practitioners and cottage hospitals. Then, a letter appeared from a young doctor. He had just graduated and had been appointed as House Surgeon to a provincial hospital, where he was informed he would be expected to administer anaesthetics. He had assisted as an undergraduate at the administration of a large number of anaesthetics, mostly endotracheal, but had not administered any himself. He requested advice. This letter prompted an article in the British Journal of Anaesthesia, (6) on the teaching of anaesthetics to the undergraduate and the training and qualifications of the teacher. In this article, I declared that the time was ripe for a Diploma in Anaesthetics and gave a list of the subjects in which the candidate should be examined. Soon afterwards, one of my dreams was realised. Along came the Diploma in Anaesthetics sponsored by the Association of Anaesthetists of Great Britain and Ireland and the Royal College of Surgeons. In its wake followed the Fellowship of the Faculty of Anaesthetists Royal College of Surgeons.

The Pathologist informs me that, not infrequently, he

can find no explanation at the post-mortem examination, as to why the patient should have died a few hours after the operation. He would like to know whether there might be any deleterious after effects on the surgical patient, arising from the various intravenous injections administered by the anaesthetist during the operation.

Every anaesthetist attached to a teaching hospital should endeavour to have some piece of research or investigation work on hand. He owes this to himself, to his speciality, to his Alma Mater and to his hospitals. In this way he will add his quota to the standard of anaesthesia and so to the status of the anaesthetist. I know well that anaesthetists are busy people, with little opportunity for relaxation. But, I still quote to myself, Dr. Faust's advice to his students.

"To make time for yourself, begin
By order, method, discipline".

Now is the time for action. The Scottish Society of Anaesthetists will soon have been in existence for fifty years. Every member will be anxious and ambitious to enhance its reputation for the great event. Invite the surgeon and the physician, the biochemist and the pharmacologist, to help you to solve your problems. They, too, are busy people but I know, from experience, that they will be delighted to lend you their expert assistance.

As Kipling puts it:

"It aint the individual,
Nor the Army as a whole,
But the everlasting team work
Of every blooming soul".

Give your Secretary, Dr. Shaw, the material of your observations and he will find a place for them in the Scottish Magazine of Anaesthetics.

* * * * *

1. Mackenzie, J. Ross (1926), Brit. J. Anaesth., 1V 92
2. do. (1928), do. VI 82
3. do. (1929), Lancet 11 1299
4. do. (1929), Anaesth. & Analg. VIII 367
5. do. (1927), Lancet 1 163
6. do. (1932), Brit. J. Anaesth. IX 175

The name J. Ross Mackenzie was, and still is a household word among those anaesthetists who now by the passage of years must admit to seniority. Dr. Mackenzie was a pioneer in more ways than he has hinted at in this paper, and the references given above are only a selection of his contributions to the medical literature. ~~Members~~ will be interested to know that the "excellent book on Practical Anaesthetics" to which he alludes, is the "Handbook of Anaesthetics" by J. Stuart Ross and H.P. Fairlie, which was the forerunner of the now standard "Textbook of Anaesthetics" by R.J. Minnitt and John Gillies, vide the dedication on page iv. Dr. Mackenzie joined the Society in 1920, and delivered his Presidential Address in 1929. The Scottish Society of Anaesthetists is ~~honoured~~ in having him as an Honorary Member; we make free acknowledgement of our great indebtedness to him as one of those pioneer anaesthetists who did such mighty work for our specialty.