

# NEWS LETTER



*Founded*  
*20th February, 1914*

*October, 1964*  
*No. 5*

# THE SCOTTISH SOCIETY OF ANÆSTHETISTS

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## Office-Bearers for 1964-65

President	-	-	-	-	-	Dr. J. D. ROBERTSON, Edinburgh
Vice-President	-	-	-	-	-	Dr. A. G. MILLER, Glasgow
Past President	-	-	-	-	-	Dr. ALEX. C. FORRESTER, Glasgow

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Glasgow	-	-	-	-	-	Dr. B. N. P. BANNATYNE Dr. K. C. GRIGOR
Dundee	-	-	-	-	-	Dr. W. E. A. BUCHANAN
Aberdeen	-	-	-	-	-	Dr. LAWSON D. DAVIDSON

## Honorary Secretary

Dr. A. H. B. MASSON

13 Osborne Terrace, Edinburgh, 12

## Honorary Treasurer

Dr. ARCH. C. MILNE

84 Pentland Terrace, Edinburgh, 10

## Editor of Newsletter

Dr. M. SHAW

12 Calderwood Road, Newlands, Glasgow, S.3

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

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

—Extracts from the Constitution.

## Subscription

£1 per annum.

10/- for Registrars and Senior House Officers.

### Presidents of the Society since 1950

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

### Guest Speakers at Annual General Meeting

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

### Honorary Secretaries of the Society since 1950

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

### Honorary Members

Dr. D. Keir Fisher, Glasgow.
Dr. John Gillies, Edinburgh.
Dr. D. S. Middleton, Edinburgh.
Dr. Margaret C. Muir, Dundee.
Dr. W. B. Primrose, Glasgow.

# The President Speaks . . .

. . . Dr. J. D. ROBERTSON

## To Educate or to Instruct

It is now generally agreed that the field of medicine has become too large and too complicated to enable every medical student during his undergraduate course to become proficient in all specialties. The great changes which have taken place in the specialty of anaesthesia in the past 25 years have made possible many great advances in surgery as well, making operations safer and more pleasant for the patients. At the same time, however, the more complicated techniques now employed in modern general anaesthesia have greatly increased the potential dangers in unskilled hands, so that, with the time allocated to the specialty in the undergraduate curriculum in most medical schools, it is impossible to make a safe and competent anaesthetist out of any student, so that practical instruction in anaesthetic administration must now form part of the vocational training of the post-graduate.

This has enabled the teachers of anaesthesia to utilise the speciality to demonstrate general principles and the clinical applications of the basic physiological and pharmacological knowledge which the student has amassed in his preclinical years, and to contribute more towards a general education which lays the foundations for a medical career in whatever branch of medicine is to be followed.

On the other hand, while this is undoubtedly a development which is of great benefit to the student, many feel that it is desirable that the ordinary doctor should also receive more training in administration of anaesthetics. To revert to the teaching of the old simple techniques now discarded is no longer acceptable, and unless much more time can be made available for the specialty in the undergraduate course it is inevitable that the doctors of the future will be deficient in a skill which many would consider essential.

## Activities of the Year

1. Registrars' Meeting:  
Dundee, 22nd October, 1963.
2. Award of Registrars' Prizes for 1963-64.
3. Annual General Meeting:  
Edinburgh, 24th-26th April, 1964, marking the 50th Anniversary of the Founding of the Society in 1914.
4. Scientific Session:  
Glasgow, 30th May, 1964.

### Registrars' Meeting, Dundee

Tuesday, 22nd October, 1963

This event goes on from strength to strength: Dr. Shearer and his colleagues acted as hosts to a party of 60 anaesthetists, which is the largest number ever to attend a Registrars' Meeting in Dundee. The following programme was sustained:

#### THEATRE DEMONSTRATIONS

Repair of V.S.D. using the Melrose Heart Lung Machine.

#### CLINICAL INVESTIGATIONS

Respiratory Function Tests.

#### DEMONSTRATIONS

Visit to the new Modular Theatre.

Explosions—range of explosibility of cyclopropane and ether; explosions due to static sparks from trolleys and personnel.

## Do You Know . . .

1. What has been described as "flotsam thrown up on the metabolic beach"?
2. What was suggested in anaesthetic practice as a "Novices' Bottle"?
3. What is the "Law of Diminishing Resistance"?
4. Clausen's Harness should never be used if manufactured in a certain way: what way, and what damage can it do?
5. "They've forgotten anaesthetics again." By whom was this said and what were the circumstances?
6. ". . . to-day anaesthesia is a very exact science and no mysterious sixth sense, such as expert anaesthetists are credited with, is required for an anaesthetic to be skilfully administered." When and by whom was this written?
7. Like the philosopher of old, we will say to Pain: "Thou art but an idle word." What incident lay behind this statement?

For answers and references see page 9

# 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: acknowledgment to colleagues, etc., should not be included.

The first award in this competition was made in 1951; there followed an unbroken

succession, but perhaps it was inevitable that some year would find no entry at all for the award—and 1963 proved to be that year. With the approach of the Jubilee Meeting in 1964, the Council decided to mark the occasion by increasing the amount and by offering more than one award.

## Entries for 1963-64

A most gratifying response resulted in the submission of six papers, all of such high quality that the adjudicators had a very difficult task. It was finally agreed to award three prizes which were allocated as follows:

First Prize—Dr. D. P. Braid, Edinburgh.

“Investigations of Plasma Concentrations of Lignocaine and Citanest during Epidural and Intercostal Block.”

Second Prize—Dr. D. G. McDowall, Glasgow.

“Experiences of Anaesthesia in a Pressure Chamber.”

Third Prize—Dr. Freda Fleming, Glasgow.

“Post-operative Pulmonary Complications.”

## 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).

1962—Dr. D. J. F. MacDonald, Dundee.

1963—No award.

# Annual General Meeting

EDINBURGH

Friday, 24th, to Sunday, 26th April, 1964

THIS was the first time that the Society had held its Annual General Meeting in Edinburgh since it had resuscitated its activities after World War II. The decision to meet in the capital was a compliment: the Society had been founded there in 1914 in the Balmoral Hotel, Princes Street, now long since closed. The annual meeting for 1964, therefore, marked an important milestone: a fiftieth anniversary is a historic occasion and the Council of the Society was very conscious of a quite unique privilege. The various functions took place within the precincts of the Royal College of Surgeons of Edinburgh.

As a special gesture, the proceedings opened on Friday afternoon with a Civic Reception granted to the Society by the Lord Provost, Magistrates and Council of the City of Edinburgh; to the speech of welcome by the Lord Provost, the retiring President, Dr. Alex. C. Forrester, made a most felicitous reply. In the evening a sumptuous Buffet Supper was provided by the British Oxygen Company, after which the Society was honoured by a memorable talk from Harald R. Leslie, Esq., Sheriff of Caithness, Sutherland, Orkney and Zetland: here surely is a masterly speaker, swinging easily from the gay to the grave, with his reflections on medicine and the law, and his views on the role of the anaesthetist.

Saturday forenoon was devoted to the session for scientific papers delivered by anaesthetists from all over Scotland, a separate account of which is being given elsewhere. The success of this venture can be gauged from the attendance of over a hundred members and guests.

At the Business Meeting on Saturday afternoon there was approved an important change in the Constitution—the formation of a new category of Senior Members for those ordinary members who retire from active hospital practice and who strictly, according to the former terms of the Constitution, must relinquish membership of the Society.

Dr. Alex. C. Forrester handed over the Presidential Chain of office to Dr. J. D.

Robertson, Edinburgh, who gave as his address "To Educate or To Instruct," his conclusions on the place of anaesthesia in the training of medical students.

The guest speaker was Dr. Martin Holmdahl of Uppsala, Sweden: his address, "Experiences of an Intensive Care Unit," was very well received. He gave a wealth of details in the running of such a unit, among them being that 15 beds are required for 800 active hospital beds, one trained nurse is required for two patients, and that, although the referring physician must remain in clinical charge of his patient, the person in administrative charge of the unit should be an anaesthetist.

The Saturday evening of the Annual Meeting is usually given over to the President's Reception followed by dinner. On this occasion, too, following on Dr. and Mrs. J. D. Robertson's Reception, the company sat down to a most memorable dinner to which distinguished guests of the Society had been invited. The toast of the Society was proposed by Dr. J. H. F. Brotherstone, Chief M.O.H. for Scotland, to which Dr. J. D. Robertson as President made a very happy reply. Dr. A. W. Raffan, Aberdeen, very ably and wittily proposed "The Guests," to which the reply was given by Mr. J. J. Mason Brown, President of the Royal College of Surgeons of Edinburgh.

No Annual Meeting, even a Jubilee one, would be complete without the golf match. This proved surprisingly difficult to organise, but eventually the competition was played over Lothianburn course on the forenoon of Sunday, 26th April, 1964, 12 men and four ladies taking part. Matches were arranged by Dr. Masson, the weather throughout remaining reasonably good. Fittingly enough, the President, Dr. J. D. Robertson, carried off the first prize, with Dr. Baird second, and Dr. Sheena Campbell winning the ladies!

Throughout the period of the meeting there was a comprehensive Trade Exhibit, displaying anaesthetic equipment and accessories, electronics and pharmaceuticals.

# The Editor Reports . . .

. . . Dr. M. SHAW

THE Jubilee Meeting has come and gone: the events that went to make it the resounding success it was have now passed into the archives of the Society for some future medical historian to delve into. He should also peruse the newspapers of the day—the “Edinburgh Evening News and Dispatch” devoted a large article, specially written for the occasion, to anaesthesia in general and the affairs of the Scottish Society. The contention is that, although Scotland played a large part in the development of anaesthesia, and to-day maintains a standard second to none, she is nevertheless lagging behind in not having a single Professor of the specialty as against no fewer than six chairs in England and Wales. Sheriff Harald Leslie, in an address to the Society which was surely one of the highlights of the whole meeting, also lightly touched on this same theme as an omission which should be rectified without undue delay.

That shall be as may be, but in the meantime we have the Report of the Wright Committee. We are informed that the Secretary of State for Scotland has accepted the recommendations of this Committee on the medical staffing structure in Scottish hospitals: not only has he accepted them, he proposes to commend them to hospital authorities as a guide for future organisation and development. He makes particular mention of the proposed upgrading of S.H.M.O.s holding special allowances, and he also agrees with the proposed introduction of the new grade of medical assistant. On the whole, our specialty has fared well in the deliberations of the Committee, and what is indeed gratifying in the Report is the cognizance taken of just those issues put forward in the various anaesthetists' communications. The proposal to introduce the grade of medical assistant is a controversial matter, and its acceptance by the Secretary of State has occasioned some concern throughout the country. No time-limit is set for the implementation of the recommendations, but it is thought that regional boards, while deciding their own priorities, should have them accomplished within five years.

What is happening within our own Scottish Society? It is a far cry from handling a membership of 15, when the original Con-

stitution was framed, to coping with all to-day's activities and a roll of over twelve times that number. Change and adaptation are the hallmarks of a living organism: the Council has effected several measures designed to ease the task of the Honorary Secretary who, after all, has no permanent secretariat to attend to routine matters. The editorship of this News Letter is a case in point: such a venture was never envisaged originally, and with the events of the Jubilee Year cascading on him, the production of this number of the News Letter could not in all fairness be laid on the new Secretary. We have had a great year and we eagerly look forward to a greater still.

Mention is made above of the newspapers: shortly after our so-successful Jubilee celebrations in Edinburgh, graced and honoured as they were by a civic reception, the following account appeared in the Glasgow “Evening Citizen”:

“The capital has never seen anything like it . . . police with loud-hailers and walkie-talkies struggled to control thousands of fans hanging around in the hope of catching a glimpse of their idols . . . Scotland has never seen anything like it . . . a fab night was had by one and all.”

Here surely was fame and acclaim! But, alas, the acclaim was not being thundered at the Scottish Society of Anaesthetists: the fame of the Society does not evoke such a response even in the city of its birth. The above is an account of what happened during the visit to Edinburgh, not of our Society I am afraid, but of a certain musical group called the Beatles which followed hard on our heels!



## Obituary

We deeply regret to report the death in July, 1964, after a protracted illness, of Dr. Agnes P. Muir.

Known as Nancy to all her friends and colleagues, she graduated in Edinburgh in 1943, and latterly was on the anaesthetic staff of Bangour Hospital.

# It Has Been Said . . .

Doctors like to believe that they can administer drugs with a personal skill which rises superior to the evidence of statistics.

—L. J. Witt, "Controlled Clinical Trials."



The moral is that if you can produce the goods, you will be accepted, even by general surgeons.

—Medical News, 8th May, 1964, p. 21, Book Review.



Clerical error—The patient was operated on under general annihilation anaesthesia.



If the subjects were experimental animals, the investigation would be justified to exemplify what should not be done to patients who have faith in our medical ethics. Since we do have methods of anaesthesia which do not allow such alterations in blood gases, the routine practice which he describes can only be condemned.

—J. G. Robson, Survey of Anaes. 1963 7. 6. 646



There are, from time to time, suggestions that too many articles in anaesthetic journals are now so "scientific" as to be of little use and interest to anaesthetists, most of whose time is spent in operating theatres.

—Edit. B.J. Anaes. 1964 36. 7. 385



Even in the lifetime of this University, the stream of publications has grown into a torrent; and in the fleeting moment of his active life man stands beside this thundering Niagara, filling and refilling his little cup of factual knowledge.

—Prof. Stanley Alstead: Glas. Univ. Memorial Chapel, 28th Oct., 1962.



One of the most profound commercial fallacies of all time is embodied in the aphorism "Build a better mousetrap and people will beat a pathway to your door." Every advance and improvement in every field has to be publicised for it to become known. . . . Medicine is no exception to this principle.

—Proprietary Names and Research: Assoc. of British Phar. Industry.

From the Scientific Sessions:

(a) The injection of 60 mg. Pethidine intravenously is most unpleasant to the conscious patient, giving giddiness, nausea and vomiting: we had to reduce it to 30 mg.—Dr. Masson.

(b) There is no pharmacological basis for the use in man of a mixture of a narcotic and an antagonist.—Dr. Campbell.

(c) Our duty is not only to render sleep to the conscious, but also to awaken the unconscious.—Dr. Holmdahl.

(d) The Intensive Care Unit is so expensive in staffing and equipping that only those patients who will benefit should be admitted—not those about to die.—Dr. Holmdahl.

(e) A spinal anaesthetic given only once a year is a dangerous thing.—Dr. Holmdahl.



I need hardly point out that common sense is a quality of mind highly prized in Scotland, and that we believe it to be widely and amply distributed among the indigenous population. It is, of course, a mental quality which is difficult to define; and we have no evidence, scientifically proven, to back our fond conviction that we Scots possess it in unusual measure. Wherever your ship is sailing, common sense is an excellent ballast and stabiliser. It is also a very becoming quality in a helmsman. But one cannot navigate by common sense.

—Scot Med. J. 1963 8. 11. 413



Being a Scotsman, with all the fearful burden of responsibility that that entails, I have been concerned for many years now about a strong and peculiar trait in the Scottish national character. . . . Why have the Scots got such a towering inferiority complex? This, as I say, disturbs me, because the Scots have no cause to feel inferior about anything. . . . As far as their national contribution to human progress is concerned, their record will easily stand comparison with those of such powerhouse groups as the English, the Germans and the Jews, so why should they be so touchy? . . . I believe it is because they have lived so long next door to the English.

—Scotland's Magazine, May 1964. p. 28.



## IT HAS BEEN SAID . . . (continued)

Specialisation has been carried so far that when two professors or two students from different fields meet, almost the only thing they can say to one another and be understood is "Let's have a drink."

—Brit. Weekly, 15th Aug., 1963.



Each of us is aware that age carries with it only too often the disadvantage of resistance to new ideas and conceptions. In no branch of human activity is this more true than in medicine.

—Edit. B.J. Anæ. 1964 36. 7. 386



### From the Dental World

It was Dr. McKesson who said in 1910 that, for dental outpatient anaesthesia, atropine should never be used because of the increase in metabolic rate and the increase in the oxygen requirement necessary to keep the patient going.

—Quoted by Dr. V. Goldman.



Of course, the fact that the anaesthetic has been eliminated is not synonymous with a feeling of rude health and normality, and it is not difficult to discover why many people feel "groggy" after the administration of a nitrous oxide anaesthetic.

—Pharmaceutical Bulletin 1964, 13. 3. 26.



Only this year a teacher of anaesthetics instanced a single delayed recovery he had witnessed a quarter of a century ago as a point against teaching dentists intravenous techniques in 1962.

—B.D.J. 18th Dec., 1962.



Between two million and three million patients a year undergo general anaesthesia in the dental chair—more than the grand total for all other procedures of surgery. It is common knowledge that the methods in general use in dentistry are relics of Victorian practice, and by modern standards anything but satisfactory.

—J. G. Bourne, B.M.J.  
14th March, 1964. p. 696.

No patient felt nauseated—vomiting under anaesthesia is a thing of the past using this method. We also never get any drop in blood pressure with the depth of anaesthesia required in dentistry.

—H. Rex Marrett describing  
"The Medrex Technique."



It is easier for a camel to pass through the eye of a needle than it is to get the Dental Estimates Board to approve a special anaesthetic fee for multiple extractions.

—Eric Schofield: Brit. Dental J.  
1964 117 4 pg. 123.



However it is only too plain to see that the old techniques die hard, and a majority of dental surgeons are having to race through their extractions using general anaesthesia in which anoxia plays the major part.

—Letter in Brit. Dental J.  
1964 117 4 pg. 124.



## Payment of Annual Subscription by Banker's Order

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

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

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

# Do You Know . . .

From page 3

1. Description given by Tschirch as to the functions of alkaloids in the plant.  
—Pharmaceutical Bulletin (M. & B.) 1964, 13 2 15.
2. A novices' bottle as suggested by Dr. Human was an ether chamber narrowing towards the bottom, so that the surface area exposed to evaporation would decrease as the level sank, thus automatically reducing the concentration of ether being carried to the patient as the anaesthetic proceeded.  
—"Blind Intubation" by J. U. Human, 3rd Edit., p. 38.
3. Gill's Law states that the amount of drug required to produce a given depth of anaesthesia diminishes with the time of its administration. In practice it means that a patient requires an ever-diminishing dose of anaesthetic to keep him at a constant depth of narcosis.  
—See Rec. Adv. Anæst. & Anal. 3rd Edit., p. 208; also "Practical Anaesthetics" by Boyle and Hewer, 1923, p. 42.
4. It should not be interleaved with canvas: this may produce excessive pressure on the facepiece and if resting on the eyelids can give diminished intra-ocular tension. The diminished tension is followed by a reactionary rise which may be the cause of the acute glaucoma occasionally seen after an operation, and formerly ascribed to atropine used for premedication.  
—Rec. Adv. Anæst. & Anal. 6th Edit., pgs. 62 and 332.
5. Quoted in the obituary to Lord Nuffield: Anaesthesia 1963, 18 4 pg. 547 obit. It was actually spoken by Dr. Robert Macintosh in 1936 when Sir William Morris, as he was then, remarked that he had been asked by the University of Oxford for a million pounds to found Chairs of Medicine, Surgery and Midwifery.
6. This is from the Preface to J. U. Human's book "The Secrets of Blind Intubation," 1st Edit. 1938.
7. In 1771 three young men called on Van Swieten, a Dutch physician in Vienna who had attained the highest medical eminence: to his query about the nature of their visit, they replied they had a medicine new to the world.  
—"Ancient Anodynes," E.S. Ellis, p. 139.

# Scientific Section

Glasgow, 30th May, 1964

THE fifth annual Scientific Session to be promoted by the Society was held in the Lister Theatre, Royal Infirmary, Glasgow, on the afternoon of Saturday, 30th May, 1964. A party of 44 members and guests assembled, and the President, Dr. J. D. Robertson, introduced the speakers. The meeting took the form of a Symposium on "The Evaluation of Narcotic and Related Drugs," and the following programme was sustained:

## Pharmacological Studies—

Dr. R. E. Lister.

## Assessment of Analgesia—

Dr. A. H. B. Masson.

## Measurement of Respiratory Depression—

Dr. D. Campbell.

## Objective Measurement of Sedation—

Dr. W. Norris.

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## Scientific Papers delivered during the Forenoon Session of the Annual General Meeting in Edinburgh—Saturday, 25th April, 1964.

The inclusion of scientific papers as a separate entity was a gesture new to our Annual Meetings: it was introduced by the Council to mark the special circumstances of the Jubilee Meeting, and the obvious success of this venture was most gratifying indeed. Heads of Anaesthetic Departments throughout Scotland had been acquainted with this invitation and the submission of papers invited. The response was immediate and enthusiastic: in all 13 entries were received, and of these the following were chosen for delivery at the special forenoon session:

## Prolongation of the Action of Suxamethonium by T.H.A. (Romotal)—

Dr. J. F. Smart, Glasgow.

## Infection in a Respiratory Insufficiency Unit—

Dr R. B. Slawson, Edinburgh.

## Experiences of Anaesthesia in a Pressure Chamber—

Dr. D. Gordon McDowall, Glasgow.

## Investigation of Plasma Concentration of Lignocain and L.67 (Citanest—Astra) during Epidural and Intercostal Block—

Dr. D. P. Braid, Edinburgh.

## Aspects of Ventilatory Function during Epidural Analgesia—

Dr. J. G. Mone, Glasgow.

## The Pretransfusion Warming of Blood—

Dr. Wm. M. Shearer.

# The Scottish Society of Anaesthetists

Founded 20th February, 1914

## A. Constitution

- (1) The name of the Society will be "THE SCOTTISH SOCIETY OF ANÆSTHETISTS."
- (2) The objects of the Society will be to further the study of the science and practice of Anæsthetics, and the proper teaching thereof, and to conserve and advance the interests of Anæsthetists.
- (3) The Society will consist of Honorary Members, Senior Members, Ordinary Members, a President, a Vice-President, a Secretary, a Treasurer, and an Executive Council formed by the above Office-bearers, together with six Ordinary Members, two from each of the regions centred on Edinburgh and Glasgow, and one from each of the regions centred on Aberdeen and Dundee.
- (4) Ordinary Membership will be restricted to Members of the Medical Profession practising the specialty of Anæsthetics.
- (5) Senior Members may be elected from Ordinary Members who have retired from active practice.
- (6) A meeting will be held every year, at a time and place to be appointed by the Executive Council.

## B. Election

- (1) Ordinary Members may be elected by a two-thirds majority of those present, at any regular meeting, nominations by an existing Member to be sent to the Secretary one calendar month before the day of election.
- (2) Nominations for Vice-President, Secretary and Treasurer will be made annually by the Executive Council, and will be circulated to Members along with the notice of the Annual General Meeting. Any further nominations for these Offices may be submitted to the Secretary 14 days before the date of the Annual General Meeting.
- (3) Regional Representatives will serve on the Executive Council for a period not exceeding three years, and on retiring from office will not be eligible for re-election to the Council within a period of one year.

- (4) Nominations for vacancies in the Executive Council created by retirement will be called for at the Annual General Meeting, and a ballot held if necessary.
- (5) The President who retires at the Annual Meeting will automatically become an additional member of the Executive Council for the ensuing year.

## C. Duties of Office-Bearers and Members of Executive

- (1) The President will preside at the Meetings both of the Society and Executive Council, and will have a casting as well as a deliberative vote. He will hold office for one year.
- (2) The Vice-President will act for the President when required to do so. He will automatically become President for the following year.
- (3) The Secretary will keep all the records of the Society, will notify all Members of the business of the Society, and send accounts of the Meeting to the Journals. The Treasurer will collect subscriptions, pay accounts and render a financial statement to the Annual Meeting.
- (4) The Executive Council will be consulted by the President upon all matters concerning the conduct and interests of the Society, and will be permitted to record their vote by post upon any question in dispute.

## D. Subscription

- (1) Ordinary Members will pay an annual subscription of £1; Registrars and House Officers will pay 10/-.
- (2) Any Member who has not paid his subscription for the current year may, at the discretion of the Executive Council, cease to be a Member of the Society.

## E. General

- (1) No alteration of, or addition to, the rules may be made save at an Ordinary Meeting after one month's notice given to the Secretary, who will place the suggestion upon the Agenda.
- (2) Personal as well as official guests may be invited to the Meetings and Dinners of the Society.

# The Scottish Society of Anæsthetists

## Programme for 1964-65

1. Registrars' Meeting: Glasgow Western Infirmary.  
Friday, 9th October, 1964.
2. Wednesday, 31st March, 1965.  
Closing date for submission of papers for the Registrar's Prize.
3. Annual General Meeting: St. Andrews.  
Friday, 23rd, to Sunday, 25th April, 1965.  
Guest Speaker: Prof. J. G. Robson.
4. Scientific Session: Aberdeen.  
May, 1965.

## GLASGOW AND WEST OF SCOTLAND SOCIETY OF ANÆSTHETISTS

### Syllabus for 1964-65

Saturday, 31st October, 1964.

Joint meeting in Edinburgh with the Association of Anæsthetists of Edinburgh.

Wednesday, 2nd December, 1964.

"Epidural Anæsthesia"—Dr. Massey Dawkins, University College Hospital.

Monday, 5th January, 1965.

"Respiratory Neurones and their Functional Organisation"—Professor J. G. Robson, Hammersmith Hospital, London.

Thursday, 18th February, 1965.

Members' Night.

Wednesday, 24th March, 1965.

Presidential Address—Dr. B. N. P. Bannatyne.

Tuesday, 20th April, 1965.

Annual General Meeting.

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



## NORTH-EAST OF SCOTLAND SOCIETY OF ANÆSTHETISTS

### Syllabus for 1964-65

Friday, 16th October, 1964—Aberdeen.

"The Non-operative Management of Intractable Pain and Involuntary Movement"—Dr. Allan S. Brown.

Friday, 20th November, 1964—Stracathro.

"Some Thoughts on Acidosis"—Professor S. C. Frazer.

Friday, 26th March, 1965—Dundee.

"The Management of Respiratory Insufficiency in Infants"—Mr. Eoin Aberdeen.

Friday, 14th May, 1964—Stracathro.

Presidential Address—Dr. David Dangerfield.  
Annual General Meeting.

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All details of these meetings may be had from the Hon. Secretary, Dr. J. I. Murray Lawson, Dept. of Anæsthetics, The Royal Infirmary, Dundee.

## ASSOCIATION OF ANÆSTHETISTS OF EDINBURGH

### Syllabus for 1964-65

Saturday, 31st October, 1964.

Combined Meeting with Glasgow and West of Scotland Society at Edinburgh University Staff Club, Chambers Street, Edinburgh, at 5.15 p.m.

"Circulatory Changes During Anæsthesia" by Dr. S. H. Taylor, Senior Lecturer in the Department of Medicine.

Tuesday, 10th November, 1964.

Presidential Address—Dr. C. G. Barrie.

Tuesday, 8th December, 1964.

"Cardio-pulmonary by-pass"—Dr. W. R. Macrae.

Tuesday, 12th January, 1965.

"III World Congress of Anæsthesiology"—Dr. D. Bruce Scott.

Tuesday, 9th February, 1965.

Associate Members' Papers.

Tuesday, 9th March, 1965.

"Dental Anæsthesia"—Dr. I. M. Lawson.

Tuesday, 27th April, 1965.

Annual General Meeting.

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

### A Modern Prayer:

Keep me from the fatal habit of thinking that I must say something on every subject and on every occasion. . . . Release me from the craving to straighten out everybody's affairs. . . . Seal my lips on my aches and pains. They are increasing and love of rehearsing them is becoming sweeter as the years go by. . . . Teach me the glorious lesson that occasionally I may be mistaken. . . . Give me the ability to see good things in unexpected places and talents in unexpected people, and give me the grace to tell them so. Amen.

—Quoted in "Medical News,"  
31st July, 1964.

# LIST OF MEMBERS

Members are requested to inform the Secretary of any erroneous entry, and of any change of address from that given below

## HONORARY MEMBERS

- Dr. D. Keir Fisher, 4 Newton Street, Glasgow, C.2.  
Dr. John Gillies, 18a Mortonhall Road, Edinburgh, 9.  
Dr. D. S. Middleton, 10 Manor Place, Edinburgh, 3.  
Dr. Margaret C. Muir, "Neigarth," 56 Invergowrie Drive, Dundee.  
Dr. W. B. Primrose, 42 Polwarth Street, Glasgow, W.2.

## SENIOR MEMBERS

- Dr. Ellen B. Cowan, 11 Iain Road, Bearsden, Glasgow.  
Dr. Margot W. Goldsmith, 15 Belgrave Place, Edinburgh, 4.  
Dr. A. McCallum Millar, 11 Western Terrace, Edinburgh, 12  
Dr. Charles Stewart, Cassalands House, Dumfries.  
Dr. T. T. Stocker, 232 Fenwick Road, Giffnock, Glasgow.  
Dr. Elaine Stoequart, 33 Balvicar Street, Glasgow, S.2.  
Dr. Sheina Watters, Edinample, Lochearnhead, Perthshire.

## MEMBERS

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Dr. Catherine K. Adam, Victoria Hospital, Kirkcaldy.  
Dr. David Armstrong, 6 Craigweil Place, Ayr.  
Dr. William Auld, 4 Marlborough Avenue, Glasgow, W.1.
- Dr. Thomas W. Baillie, Royal Infirmary, Dumfries.  
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