

CAS

ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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MESSAGE FROM THE PRESIDENT

Dear Colleagues,

I hope everyone is doing well, as we navigate through the third wave of an ongoing pandemic. My best wishes to my colleagues, their families and everyone – we will get through this! On the bright side, I am happy to announce that it is the most exciting time of the anesthesia event calendar year - the Annual Meeting! Unfortunately, we are again forced to meet virtually. Although it can never really replace the interactivity and engagement offered by an in-person conference, a virtual setting still holds a lot of value for our profession. Just like last year, the **Virtual Annual Meeting** (VAM) has something for everyone! The meeting has a wide variety of sessions, competitions, award ceremonies, networking opportunities, Problem-Based Learning Discussions (PBLDs) and more. You can refer to our **website for a breakdown** of the program or read on in this **newsletter** for full details.

The Annual Meeting is more than just a setting of learning. By joining and taking the time to meet with our fellow anesthesiologists on a national scale, we continue to show our leadership as anesthesiologists. I believe that we are leaders in the medical community, and that we set examples for others to follow. Never has that been more evident than the difficulties faced under the COVID-19 pandemic, when we have all been stretched beyond limits. Anesthesiologists are heroes, and strongest when unified.

Advocacy also continues to be big news in our profession. One of the largest topics of conversation is Certified Registered Nurse Anesthetists (CRNAs). CAS learned earlier this year that the Ministry of Health in British Columbia (BC) had created a plan to introduce CRNAs as a new health profession and to establish an educational program to train CRNAs in BC. You can read our **full position statement here**. CAS wants to reiterate the fact that we do not support the introduction of CRNAs – either independent practice or supervised – into the Canadian health care system. We acknowledge that registered nurses have important roles and make significant contributions in supporting patients through their surgical journey while working with surgeons, anesthesiologists and

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other regulated health care professions. However, since CRNAs do not possess the same education, training, or credentials as physician anesthesia providers, to assume that they can replace current anesthesia providers and provide equivalent care demonstrates a lack of insight into the complexities of perioperative anesthesia delivery. As this issue moves forward in BC, we anticipate that advocacy from our membership will become more vital, and we will be counting on your voice.

Which leads me to our commitment to the anesthesia profession. Your support, and that of every anesthesia professional, is critical as part of our efforts. As a larger, stronger, united group, our voice is exponentially more impactful as we tackle the adversity faced by our profession. An active society needs active members! CAS is eternally grateful to the activity of our members and volunteer roster, and how everyone has continued to support the Society despite overwhelming work hours, conditions and expectations placed on anesthesiologists. While we advocate on your behalf, we also need your

involvement. There are **many opportunities with CAS**, and I strongly encourage all members to take an active role. Do not hesitate to put your name forward to become a member of a CAS committee, section, or division — it is our long-standing goal to encourage new leaders to step forward. And join us this weekend at the Virtual Annual Meeting, where you will be encouraged to provide feedback on your education needs and also to interact and share your ideas about the profession of anesthesia with your colleagues. Your voice matters.

I hope to see many of you this weekend. As always, I welcome **any feedback**, as we work together in shaping the future of anesthesia in Canada.

Sincerely,

Dolores McKeen,
CAS President

2020-2021

BOARD OF DIRECTORS

As of June 2021

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Dr Dylan Bould, CASIEF Chair
Dr Stephan KW Schwarz, CJA Editor-in-Chief
Dr Hélène Pellerin, RCPSC Representative

[CLICK HERE TO VIEW ONLINE](#)

POSSIBLE ADVERSE DEVELOPMENTS AFFECTING OUR PROFESSION

This is a message sent to members in April from Dr Dolores McKeen on behalf of CAS. Thank you for your input.

Dear CAS Members:

I hope this message finds you all safe and healthy in the middle of the SARs CoV pandemic.

I am writing to inform you of a serious development in Canada that may adversely affect our profession – the medical specialty of anesthesia. Earlier this year, CAS learned that the Ministry of Health in British Columbia had created a plan to introduce **Certified Registered Nurse Anesthetists (CRNAs)** as a new health profession and to establish an educational program to train CRNAs in BC.

CAS is aware of and supports governments across Canada in their efforts to drive efficiencies throughout the health system and to reduce surgical wait times. It is understood that considerations must include the assessment of scopes of practice and the way that various professions, including anesthesiologists, provide care within the health system. It is also understood that there is a significant workforce human resource shortage within the specialty of anesthesia that has added to the challenge of addressing provincial wait list times and indeed the provision of anesthesia services in many parts of the country.

To address these issues, the BC Ministry of Health has proposed the introduction of CRNAs as independent practitioners into the provincial health care system. The CAS and BCAS have presented effective and reasonable alternate solutions to address BC surgical waitlists and improve patients' access to perioperative care to the Ministry that refutes the need to introduce CRNAs as an alternative lesser-trained anesthesia provider.

While CRNAs are accredited in the United States, they are not licensed or regulated to practise in Canada. However, the BC government is exploring the necessary regulatory and educational changes required to make this happen.



What is the Canadian Anesthesiologist's Society Position on CRNAs?

The Canadian Anesthesiologist's Society does not support the introduction of CRNAs – either independent practice or supervised – into the Canadian health care system. We assure our members that we are firm and resolute in our commitment to ensure that the provision of anesthesia services continues to be the practice domain of the medical profession and that anesthesiologists and their care teams are the service model that continues to meet the health care needs of all Canadians.

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We acknowledge that licensed practical nurses have important roles and make significant contributions in supporting patients through their surgical journey while working with surgeons, anesthesiologists and other regulated health care professions. However, **CRNAs do not possess the same education, training or credentials as physician anesthesia providers.** To assume that they can replace current anesthesia providers and provide equivalent care demonstrates a lack of insight into the complexities of perioperative anesthesia delivery. CAS is extremely concerned that the introduction of CRNAs will negatively impact the safety and quality of the anesthesia care currently delivered in Canada.

What is the Canadian Anesthesiologist's Society doing?

Since we learned of the Ministry's intentions, CAS has been supporting our BC colleagues with their advocacy efforts and in developing a strategy to stop the Ministry from moving closer to including CRNAs in the province.

We have contracted a public affairs firm with extensive experience in advocacy and government relations to advise the BCAS throughout this process. We have also connected with international anesthesia societies such as the American Society of Anesthesia, as well as with our national professional partners and specialty societies, to request their support in our efforts to halt this initiative.

As this issue moves forward in BC, we anticipate that advocacy from our membership will become more vital, and we will be counting on your voice.

Your support, and that of every anesthesia professional, is critical as part of our efforts. Active advocacy and organizational efforts to protect the delivery of anesthesia services in Canada requires your voice, resources and the unequivocal rejection of CRNAs in every province. CAS is extremely concerned that if left unchallenged, the introduction of CRNAs into the broader Canadian health care system is a very real possibility. We must work together to ensure that government and the public understand the critical value that physician-led anesthesia plays in safe and effective patient care.

Please use this opportunity to engage and educate your colleagues and patients on CRNAs, and the need for our community to come together. We must offer solutions with one unified voice as we stand against potential changes to our current system of physician-delivered anesthesia care.

The best way to ensure that the provision of anesthesia care in Canada remains a practice of medicine – practising within the CAS 2020 **Guidelines to the Practice of Anesthesia** – is that we work with governments, actively engaging with them in solutions that allow both timely access to care for patients and an unparalleled quality and safety record.

Being a member of the Canadian Anesthesiologists' Society has never been more important. Please renew your membership and implore your colleagues to join now at www.cas.ca/en/membership/apply.

We will continue to keep you apprised of proposed policy changes affecting anesthesia in Canada.

Sincerely,

Dolores McKeen,
CAS President



CAS 2021 VIRTUAL ANNUAL MEETING



CANADIAN
ANESTHESIOLOGISTS'
SOCIETY

JUNE 12-13, 2021

KEYNOTES



Dr. Kevin Smith, KSG

President & CEO of
University Health Network



Dr. Jane Philpott

CEO, Southeastern Ontario
Academic Medical Organization
Dean, Faculty of Health Sciences,
Director, School of Medicine at
Queen's University

Make plans now to attend!

The planning for the CAS 2021 Virtual Annual Meeting is well underway and the scientific program is outstanding.

The multi-tiered agenda will offer:

- ★ Concurrent Streams
- ★ Specialty Focused Presentations
- ★ Section Events
- ★ PBLDs
- ★ Exhibits and Sponsor Showcase
- ★ Eposters
- ★ Award Ceremony
- ★ Chat with attendees

AND much more...

Full program now available online

Contact us at: info@casmeeing.com

www.cas.ca/annual-meeting

2021 VIRTUAL ANNUAL MEETING GET READY!

The 2021 Virtual Annual Meeting (VAM) is just a few days away and we cannot wait to welcome CAS members and delegates in what promises to be an engaging and informative weekend!

Although we are again meeting virtually, we are proud of the program that the VAM offers in 2021. We are thankful for all the help we have received during the planning process from our wonderful volunteers, speakers, staff, and sponsors.

We hope to see many of you this weekend: June 12-13! The **full program is available** on our website. Remember, CAS members get a VAM discount!

If you have yet to register, here is a taste of what you are missing.

SOME HIGHLIGHTS:

Sessions and education for everyone!

The Annual Meeting provides delegates with numerous professional benefits. The meeting is a prime way to receive many targeted and valuable CME credits, and offers the opportunity to interact with many of your colleagues in one spot. Educational opportunities include sessions on the latest trends in anesthesiology and presentations by industry leaders. The entire Annual Meeting is developed to adhere to Continuing Professional Development (CPD) standards, so be sure to claim your credits. We also have an excellent roster of **leading speakers** who all offer expertise in their respective fields.

Leading keynote speakers

We are happy to have **Dr Kevin Smith** and **Dr Jane Philpott** as this year's VAM keynote speakers.



Dr Smith is the President & CEO of University Health Network, Canada's largest academic health sciences centre. He has spent his career passionately committed to the mission of education, research, and an exemplary clinical career. He will open the VAM on Saturday morning, after the opening remarks from President Dolores McKeen.



Dr Philpott will close the VAM on Sunday with a talk on **"The physician as advocate & communicator"**. Dr Philpott is the Dean of Faculty of Health Sciences, Director of the Medicine at Queen's University and CEO of the Southeastern Ontario Academic Medical Organization (SEAMO). She will discuss how physicians can be strong voices in the development of policies that affect the medical profession and health systems, and how common goals shape health care policy.

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Popular Problem-Based Learning Discussions

One of the most popular aspects of the CAS Annual Meeting continues to be our **Problem-Based Learning Discussions (PBLDs)**. A PBLD uses a problem to motivate, focus, and initiate learning — the problem is used to help participants identify their own learning needs as they attempt to understand the problem, to pull together, synthesize and apply information to the problem, and to begin to work effectively to learn from fellow participants and presenters. This year at the VAM there are 11 exciting PBLDs available to delegates in different streams of anesthesia.

The latest innovations in the anesthesia profession at the Virtual Exhibit Hall

The **Virtual Exhibit Hall** offers you an opportunity to engage with industry and offer your unique point of view in an informal and collegial setting. By visiting the Hall during and after the VAM, you can find out what industry developments are coming up that may benefit you and your practice, hospital, or department. Our exhibitors want to learn from you and your experiences!

Competitions and Presentations

The virtual settings have not dampened the good-natured competition that highlights a significant portion of the Annual Meeting program. The **Residents' Oral Competition** and **Richard Knill Competition** are some of the most popular annual events at the Annual Meeting. The Residents' competition is the oral presentation of the top-rated abstracts submitted by Residents, with the objective to encourage scientific excellence in those physicians training in the specialty of anesthesia in Canada. The Richard Knill Competition is the oral presentation of the top-rated abstracts by non-resident anesthesiologists, with a similar objective. Both are reviewed by the CAS Scientific Affairs Committee. Annually, these programs offer some incredible abstracts and innovation. Winners will be announced on the weekend of the VAM.

Awards Ceremony

Annually, the CAS Honour Awards program celebrates the diverse representation of anesthesiologists across Canada and their achievements. We will be congratulating **this year's winners** during the VAM on Sunday afternoon in a virtual awards ceremony. Be there to give online congratulations to your winning colleagues.

Get Active for a Good Cause – Activity Hub

This year we are hosting a virtual CARF Fun Run, along with other fundraising activities that aim to keep delegates active and engaged leading up to the VAM. Housed under the **#CASmove** hashtag, delegates stay active and support CARF and CASIEF in a wide variety of ways. Some go on their own fun runs, play tag with their kids, do yoga or Peloton exercises, or organize a round of golf.

Join the challenge today and engage in some friendly competition with your colleagues, while supporting a good cause.

Have your voice heard at the Annual Business Meeting

We encourage every active CAS member to attend the **CAS Annual Business Meeting (ABM)** on Saturday afternoon. The meeting is a perfect way for your voice to be heard as a member of a unified society of anesthesiologists. The ABM also features reports from the Executive Committee as it reviews the year's major accomplishments, the association's financial condition, and new program initiatives for the coming year.





2021 HONOUR AWARDS WINNERS LAURÉATS DES PRIX DE DISTINCTION

**SINCERE CONGRATULATIONS TO OUR 2021 AWARD WINNERS!
NOS FÉLICITATIONS LES PLUS SINCÈRES À NOS LAURÉATS DES PRIX 2021!**



CAS Gold Medal

Dr John Murkin
London, ON



CAS Emeritus Award

Dr John Scovil
Saint John, NB



CAS Humanitarian Award

Dr Dylan Bould,
Ottawa, ON



John Bradley Young Educator

Dr Fahad
Alam
Toronto, ON



Research Recognition Award

Dr Duminda
Wijeyesundera
Toronto, ON



Clinical Practitioner Award

Dr Trina
Montemurro
Vancouver, BC



Clinical Teacher Award

Dr Patrick
Sullivan
Ottawa, ON

WWW.CAS.CA/HONOUR-AWARDS

MEMBER NEWS



Dr Melinda Davis has been awarded the Canadian Association of Medical Education (CAME) Certificate of Merit. CAME celebrates the recipients of the 2021 CAME Certificate of Merit which promotes, recognizes, and rewards faculty committed to medical education in Canadian medical schools. Dr Davis is also the current Secretary and Treasurer of the **CAS Neuroanesthesia Section**.



Former CAS President and Gold Medal winner **Professor Patricia Houston** will serve as Acting Dean at the **Temerty Faculty of Medicine** at the University of Toronto. Professor Houston will serve for a nine-month term, effective July 1, 2021 to March 31, 2022.

Professor Houston is currently the Vice-Dean, Medical Education in the Temerty Faculty of Medicine and is a Professor in the Department of Anesthesiology & Pain Medicine. Professor Houston has served in leadership roles both in the University and at St. Michael's Hospital (Unity Health Toronto).

COMMITTEE FOCUS

CAS DIVERSITY, EQUITY AND INCLUSION COMMITTEE NEWS

The CAS Diversity, Equity and Inclusion Committee was officially ratified in November 2019 after having previously been a working group. At present, the Committee is chaired by Dr Gianni R Lorello and the Vice-Chair is Dr Miriam Mottiar. There are nine members in total.

The Committee's mandate is to support the CAS in creating an organization that places the principles of equity, diversity, inclusion, and belonging at the centre of every decision it makes. The Committee is working to expand its reach within the CAS and is also working with other Committees and Sections to offer guidance on issues of equity, diversity, and inclusion.

Please see the CAS and ACUDA's joint statement on diversity and inclusion here:

www.cas.ca/CASAssets/Documents/About-Us/CAS_ACUDA_DI_Statement_FINAL.pdf

CAS SAFETY BULLETINS FROM THE QUALITY & PATIENT SAFETY COMMITTEE AND CAIRS COMMITTEE

The Quality and Patient Safety Committee and CAIRS Committee are pleased to announce the creation of a new safety bulletin that will be published quarterly in *Anesthesia News*. These bulletins will highlight deidentified examples of incidents that have been submitted to the Canadian Anesthesia Incident Reporting System (CAIRS).

The purpose of this initiative is to highlight potential hazards and enhance CAS members' awareness of potential risk and protective factors, with the goal to prevent similar occurrences and support a culture of safety. We encourage all CAS members to submit safety incidents to the CAIRS database at www.cairs.ca.

The data you enter in CAIRS is completely anonymous and no personal information is stored in the CAIRS database. The system is quick and easy to use, works on all platforms, and captures all perioperative care environments.

Authors:

Dr Kathryn Sparrow, Chair, CAIRS Committee

Dr Lucie Filteau, Chair, Quality and Patient Safety Committee



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CAS & CASIEF CALL TO ACTION

COVID CRISIS IN INDIA AND SOUTH ASIA

CAS has made a generous donation to the India COVID-19 Response of the Canadian Red Cross, and strongly encourages members to give what they can.

Canada continues to grapple with the COVID pandemic and the consequences of the third wave of cases. Unprecedented numbers of critically ill COVID patients threatened to overwhelm many provincial ICUs and the fear that our health care system would collapse due to the sheer volume of cases has been very real. While Canada appears to be moving back from the brink of disaster, a humanitarian crisis has since developed in India and the South Asian subcontinent where cases continue to surge. Over 400,000 cases per day reported on May 1, 2021, over 4,000 deaths per day, with health care workers at high risk, with nearly 50 deaths reported May 17, 2021, in the setting of limited testing, and reporting of deaths. Health care resources to deal with this monstrous surge have been rapidly exhausted.

Many CAS members have family, colleagues and friends who are personally affected by this terrible situation, rendering us more than mere spectators to this catastrophe. CAS & CASIEF recognize the special role anesthesiologists have been asked to play in response to COVID and are now asking its membership to not only recognize the impact of the current crisis, but to act and stand in solidarity with South Asia. Pandemics do not respect borders. COVID will continue to spread, mutate and inflict harm internationally unless we are able to act collaboratively to bring this pandemic under control globally.

Our membership has demonstrated immense resilience and innovation in countering the pandemic thus far. Ideas and innovations have been instituted locally and nationally with success, ranging from addressing PPE shortages, to safe intubation and airway teams, to pharmacological and critical care interventions, to monitoring

of patients at home, to peer support programs. Some of these same strategies, as well as the skill set and compassion of CAS members, are now needed to help a country that houses almost a fifth of the world's population.



Volunteers from across North America are coming together to find ways to support India and neighbouring countries to resolve this crisis. Donating money to help purchase much needed supplies and fund relief efforts will continue to be essential but there are many other important ways to help, including **efforts** to:

- 1 increase health care capacity,**
- 2 expand access to COVID vaccines,**
- 3 scale up testing and genomic sequencing,**
- 4 provide remote support to frontline staff, and**
- 5 fill gaps in supply chain management and scaling efforts.**

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We call to action CAS members who are interested and able to assist to consider the following:

1 Donate funds via these credible organizations.

- **India COVID SOS**
- **Hemkunt Foundation**
- **Khalsa Aid**
- **Canadian Red Cross**
- **Doctors Without Borders/Médecins Sans Frontières (MSF)**
- **UNICEF**

2 Advocate

- Raise awareness using social media and other media outlets.
- Share or help prepare **infographics and resources** that are available in a variety of South Asian languages.
- Reach out to elected representatives at the local, provincial and federal level to call for:
 - i. withdrawal of patent restrictions to allow vaccine production
 - ii. sharing of unused vaccines nearing expiration
 - iii. coordination of national efforts with governing bodies in India and neighbouring countries
 - iiii. consider signing an **open letter**, and/or endorsing an **action plan** for the international community.

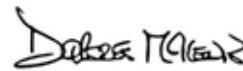
3 Use your expertise by joining groups who are providing remote advice via tele-mentoring health care workers directly (not patient care), while also providing peer-support to show solidarity.

- Exploring ways to access data and conduct population-based research. Research conducted in this region may apply to future outbreaks across the world.
- Provision of peer support for the health care workers, anesthesiologists and critical care physicians battling surging **cases**. Recognize that while doctors in India need support, many South Asian peers and learners in Canada are battling a **"double pandemic"**. Checking in with them and recognising they may need certain accommodations is necessary and important.

Please consider providing your interest in **this survey**, and we can direct your expertise in an efficient manner.

We thank you for recognizing the global nature of this pandemic, and the importance of achieving global control of this disease, to ensure safety for all.

Sincerely,
In solidarity,



Dr Dolores McKeen, MD FRCPC MSc,
CAS President, Professor of Anesthesia, Pain Management & Perioperative Medicine, Dalhousie University @Dolores_McKeen



Dr Dylan Bould, MB ChB MRCP FRCA Med,
CASIEF Chair, Associate Professor, Anesthesiology Pain Medicine, University of Ottawa @dylanbould



Dr Mandeep Singh, MBBS MD MSc FRCPC,
Assistant Professor, Anesthesiology & Sleep Medicine, University of Toronto @MndpSingh7



Dr Gregory Silverman, MD MSc FRCPC,
Assistant Professor, Anesthesiology & Pain Medicine, University of Toronto @GLSilvermanMD



Dr Saroo Sharda, MBChB MMed FRCPC,
Assistant Clinical Professor, Dept. of Anesthesia, McMaster University @SarooSharda_MD



CASIEF FUNDRAISING CAMPAIGN: PLEASE HELP!

Dr Jeanne d’Arc Uwambazima is an inspirational Rwandan anesthesiologist – you can see a short film about her story and partnership with CASIEF on our [YouTube channel](#)

#CASIEF Cares Fundraising Campaign



The COVID-19 pandemic has revealed that even strong health care systems are fragile. In Canada, intensive care units are stretched beyond capacity. Consider how vulnerable you would feel living in a country without adequate resources. What would the crisis look like if you had only one doctor for all of anesthesia and intensive care for your whole country?

CASIEF has continued to work with our partners through the pandemic, as they have courageously responded to COVID, while also managing their existing need for obstetric, trauma and surgical care. Almost 6 million people die of trauma each year and another 300,000 from preventable maternal deaths. We work to create leadership in our partner countries to impact whole health care systems through education, advocacy, and knowledge translation. The pandemic has shown

how interconnected we are – how can Canadian health truly be safe while so much of the rest of the world is unsafe?

We need your **help in raising \$250,000** this year, and the same next year. In addition to remote support, we need to get our volunteers and global health fellows back in Ethiopia, Rwanda, and Guyana. With our help training frontline health care professionals, they can stop preventable deaths from childbirth, unnecessary disability in children and untreated suffering from pain.

We need 200 people to donate \$100/month – please give what you can. Donate at www.canadahelps.org/en/dn/62212 or contact us at donate@casief.ca to discuss legacy donations and gifts of securities.

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From January 2020 to December 2020

De janvier 2020 à décembre 2020



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ANESTHESIA HISTORY CORNER

The First Annual Meeting

Dr Michael Wong, FRCPC

This year, during the global COVID-19 pandemic, CAS members again converge remotely for our second Virtual Annual Meeting (VAM). In these unprecedented times it is easy to overlook an auspicious anniversary for Canadian anesthesiology – that is 100 years since the first national meeting in this country.

In June 1921, the inaugural Annual Meeting of the Canadian Society of Anaesthetists was held at the Clifton Hotel in Niagara Falls. A joint event with the Interstate Association of Anaesthetists, the New York Society of Anaesthetists, and the Ontario Medical Association, it featured an engaging scientific program and was attended by international luminaries such as Dr Arthur Guedel (USA) and Dr H Edmund Boyle (UK).

A glance at its sessions (Table below) reveals not only a host of contrasts between anesthetic practice now and then, but also highlights other concerns and interests that continue to be relevant to anesthesiologists today. As the first Canadian academic anesthesia departments had only been founded at the turn-of-the-century, the burgeoning profession was still finding its place as a medical specialty. It is not surprising then that the 1921 meeting features sessions pertaining to the professionalization of anesthesia and its role in medicine. There were also discussions about nurse anesthesia, a topic that has become perhaps more salient now than ever for Canadian anesthesiologists.

The Canadian Society of Anaesthetists continued to hold annual meetings for the remainder of its brief existence, disbanding in 1928 to be folded into the Anaesthetic Section of the Canadian Medical Association. The Canadian Anaesthetists' Society (now Canadian Anesthesiologists' Society) would emerge in 1943 as an independent organization with five founding members: Drs Wesley Bourne, Harold Griffith, Digby Leigh, Roméo Rochette, and Georges Cousineau.

Box. Excerpt from the Canadian Society of Anaesthetists 1921 Annual Meeting program.



In our modern enthusiasm for organization, we are in danger of forgetting that system and survey and encyclopedic knowledge can never supplant real thinking. Thinking is, after all, an individual performance. Companies or groups of persons do not think together or devise or invent anything or any process except in so far as they put together, organize and compare the products of individual minds. We must not become blind to the limitations of organizing investigative effort. A plea for the individual worker in science is timely. He must be encouraged and permitted to unfold his own personality and point of view with an open mind rather than to be biased by the projects of a company of scholars. Let us by all means facilitate the progress of science by furnishing the requisites for research; by organized efforts to promote the aims and set forth the results; by systematic planning and co-operation which will make established facts easily available and widely known. But amid this growth of the get together spirit and better intellectual community let us always bear in mind the individual who does the thinking. Genius is found in men, not in organizations.



...continued on page 17

Table. Selected presentations from the Canadian Society of Anaesthetists 1921 Meeting.

Presenters:

Anesthesia – Its place in the practice of medicine	JJ Butner MD, <i>Syracuse NY</i>
Lessons from anesthetic accidents and near fatalities	RM Waters MD, <i>Sioux City IA</i>
Clinical studies in circulatory depression from anaesthesia records	EI McKesson MD, <i>Toledo OH</i>
A classification of anesthetic signs and cardiovascular effects of ethyl chloride in dosage in man	AE Guedel MD, <i>Minneapolis MN</i>
Blood pressure reactions under ether-oil colonic anaesthesia	GM Geldert MD, <i>Ottawa ON</i>
The value of expert anaesthesia to all concerned	S Johnston MD, <i>Toronto ON</i>
Oxygen in relation to anoxaemia and anaesthesia	RD Rudolph MD, TR Hanley MD, <i>Toronto ON</i>
Anaesthesia for brain tumor operations	CTW Hirsch MD, <i>London UK</i>
Morbidity and mortality in obstetrics as influenced by anaesthesia	W Bourne MD, JW Duncan MD, <i>Montreal QC</i>
Anaesthesia for nose, throat and abdominal surgery by the nitrous oxid-oxygen CE combination	HEG Boyle MRCS, <i>London UK</i>
The medical profession and the nurse anaesthetist	WB Howell MD, <i>Montreal QC</i>

References:

- Boyle HE. Report on visit as official representative of the section of anaesthetics to the first meeting of the Canadian Society of Anaesthetists at Niagara, and to the Meeting of the American Society of Anaesthetists at Boston, in June, 1921. *Proceedings of the Royal Society of Medicine*. 1922; 15:1-6.
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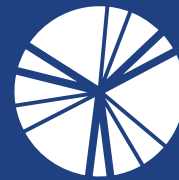
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