



CAS Newsletter

Editor: Dr. D.W. Fear / Volume 6, Number 4 / Winter 1991

Anaesthetists and the Environment

Editor's Note: At the last Annual Meeting of the Society, the membership expressed concern that anaesthetists in Canada should be made aware of the environmental impact of the practice of anaesthesia. As a result, a task force, under the chairmanship of Dr. Nancy Ironside of Orillia, has been formed in order to study the problem. Preliminary meetings have been held. It is to be hoped that many of our members will contribute their expertise to this important issue in the months to come. If you have any comments or opinions, address them to the Society's central office. This effort by Canadian anaesthetists is another example of how we are expanding our influence and contributing to a solution to one of the twentieth century's major problems.

The CAS Task Force on Environmental Issues related to Anaesthesia held its first meeting on December 30, 1990 and its second on February 9, 1991. The mandate of this task force is to consider the impact of the practice of anaesthesia on the environment. The members of the task force are:

Dr. Nancy Ironside, Chair, Orillia
Dr. Douglas Crawford, Secretary, Barrie
Dr. Jeremy Sloan, Toronto
Dr. Jeffery Goldberg, Toronto
Dr. Gordon Sellery, London
Ms. Anna Shumenko, Toronto,
Environment Canada liaison

Since this is a task force and not a committee of the Society, we are all from central Ontario, so that meetings with full attendance can be arranged quickly. We would, however, like to have a corresponding member from every province, and volunteers would be welcomed.

We are also looking for ideas and support from the membership because the problems must be defined and appropriate solutions found. The two main issues which we have begun to explore are solid waste management and pollution by anaesthetic gases.

A study of solid waste management involves dealing with the three levels of government, although the primary responsibility for this lies with the provinces. Ultimately a municipality can decide what types of waste it will accept (or refuse): some landfill sites accept needleless syringes and glass vials while others do not.

Waste management is best considered by dividing it into areas suggested by the ecological motto "reduce, reuse, recycle," while remembering patient care and safety must not and will not be compromised.

Reducing the number of products that we use is possible, but current techniques will

need to be altered and new ones devised in order to produce the results desired.

Reuse of products is possible but we will have to switch from single-use disposable products to reusable ones with either an unlimited lifetime or with a limited number of reuses. The effects of cleaning and sterilizing such products must be considered as part of the environmental assessment since most ethylene oxide sterilizers use large amounts of chlorofluorocarbons (CFCs) in their process. As the manufacturers of these products must be involved in the evolution of such products, their support for this venture is essential.

The recycling of waste is the final goal. Much of our waste could be recycled, but the environmental acceptability of the various items needs to be assessed and, in some cases, these items may have to be replaced with others that have a more positive impact.

Finally, the disposal of hazardous waste must be dealt with. Anaesthetic gases are pollutants, but how much of a problem are they? Is it necessary that anything be done? The halogenated vapours are CFCs, which affect the ozone layer and act as greenhouse gases. A recent report indicates that, compared to Freon 11 and 12, the effect of the vapours is 5000 times less of a threat. Is nitrous oxide really a pollutant that needs to be dealt with? Research into the nature and magnitude of the effects of anaesthetic gases is needed, and then a decision about further action can be made.

We will be participating in the Annual Meetings in June of 1991 and 1992, and would like to meet you there with your concerns.

Douglas Crawford, BSc, MD, FRCPC
Royal Victoria Hospital
Barrie, Ontario

Did You Know??

- Insulin-dependent Canadian diabetics use approximately 468,000 syringes per day.
- The cost of disposal of biomedical waste at a 485-bed Canadian teaching hospital was \$200,000 last year, and will increase to \$400,000 this year with the introduction of universal barrier precautions.
- In Ontario, provincial funding for programmes or purchases to divert waste from landfill sites is available from the Ministry of the Environment.
- No landfill site in Ontario is supposed to accept untreated biomedical waste. There are 106 incinerators in Ontario whose sole purpose is to burn biomedical waste. Little auditing is carried out, and most are believed to be below standard.
- In both Edmonton and Calgary, state-of-the-art hospital incinerators have been shut down by regulatory agencies due to excessive hydrogen chloride emissions from the burning of PVCs. The incinerators were able to be reactivated once the plastics were segregated.
- From 4-6 kilograms of waste per bed per day is generated in hospitals, of which 10-15% is actually biomedical waste.
- It is possible to capture the anaesthetic exhaust gases and prevent these CFC vapours from escaping into the atmosphere.

Canadians Elected to IARS Board

Congratulations go out to the following individuals:

Douglas B. Craig, MD, FRCPC, who was recently elected to a two-year term as Chair of the International Anesthesia Research Society (IARS);

David R. Bevan, MB, FRCPC, who has been appointed to a six-year term on the IARS Board of Trustees.

Fund Provides Assistance to Developing Countries

The acronym, ATARF, seems to be somewhat of a mystery to some members of the Canadian Anaesthetists' Society. The initials stand for the Anaesthesia Training and Relief Fund, which was established by the CAS Council in 1966 under the direction of Dr. R.A. Gordon. It was formed as a charitable organization to work alongside the Society but to remain a separate legal entity. The original Board of Trustees consisted of Drs. S.M. Campbell and L. Longtin, with R.A. Gordon as Chairman. Dr. Gordon managed its affairs most ably until his retirement in 1987. His successor, Dr. W.E. Spoerel, continued to promote the Fund until his untimely death in 1989. The current Board of Trustees is composed of the following individuals:

Dr. A. Conn (Chair)
Dr. M. Boulanger
Dr. D. Fear
Dr. R. Gordon
Dr. G. McMorland
Dr. J. Sandison

The Board continues to serve, guided by the original mandate in the terms of registration with Revenue Canada.

The aim of ATARF is to provide anaesthesia assistance in the Third World and, to meet

this objective, the original guidelines remain in effect:

- to assist anaesthetists in developing countries to obtain training in Canada;
- to support Canadian teachers for hospitals and medical colleges in developing countries;
- to supply Departments of Anaesthesia in these countries with educational material.

These idealistic targets can only be contrasted with the realities of what is possible in view of economic, political and other constraints. Nevertheless, over the years, ATARF has supported visiting professors, purchased anaesthetic equipment and brought doctors to Canada for training purposes. The most constant form of aid, however, has been the provision of complimentary subscriptions to the Canadian Journal of Anaesthesia, with priority given to teaching hospitals and university centres. The number of requests for our journal has risen by 33% over the past three years, but the total number remains small. The Board of Trustees hopes to expand this service as funds become available.

The Canadian Journal of Anaesthesia provides valuable educational and technical information, both theoretical and practical. There is a fixed mailing charge of \$85.00/year, but no additional charges thanks to the support of the CAS central office. With no overhead, every penny donated contributes to tangible aid.

In 1989, Dr. Spoerel wrote, "The ATARF represents the only outreach of our Society to developing countries and relies entirely on voluntary contributions from members of the Society. I believe we all have an obligation to share with our less fortunate colleagues in developing countries and help them to improve their education and working conditions for the benefit of their patients."

Sadly, in 1990 only 1.5% of the CAS membership contributed anything to ATARF. Contributions qualify for income tax deductions as charitable donations and appropriate receipts are issued. Even a few dollars per member would increase exponentially the ability of the Fund to alleviate some of the anaesthetic problems of developing nations. Think about it!!



The CAS Newsletter is published quarterly by the Canadian Anaesthetists' Society and distributed free of charge to all members. It is available in French upon request (SCA bulletin de nouvelles). Letters to the Editor, articles, and suggestions for articles are invited.

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Congratulations!



Dr. Jacques Samson, President of the Canadian Anaesthetists' Society, and his wife, Ms. Claire Mercier, proudly announce the birth of their son, Dominic. Dominic weighed in at 7lbs. 1 oz. and is now actively disrupting the lives of both his delighted parents and his older brother, Louis-Philippe. We wish the very best to the entire family and hope that their lives are able to return to normal soon.

1991 Spring Meeting of SEA

The Society for Education in Anesthesia (SEA) is holding their Spring Meeting June 19-21, 1991 at the Chateau Frontenac in Quebec City. The proximity of this meeting to our own Annual Meeting provides an excellent opportunity for an interchange between members of both organizations.

The scientific portion of this meeting, subtitled "Research in Anesthesia Education: Hypothesis, Design and Validity," begins the morning of Thursday, June 20 and runs until the afternoon of Friday, June 21, 1991. Two workshops are being offered each day; the first is on "Designing a study" (immediately followed by "A critique of research designs"), while the second is on "Making slides — graphics and computers."

A variety of abstracts and critiques will be presented on both days and there will also be a Medical/Anaesthesia Literature Review, scheduled for the Friday morning. This session will be followed by a presentation by Dr. David Bevan, Editor-in-Chief of the Canadian Journal of Anaesthesia. Dr. Bevan's lecture is entitled "How (not) to have your manuscript accepted for publication." The meeting concludes with a session on "Advanced slide-making techniques."

For further information on the SEA Spring Meeting, please contact:

Executive Director
Society for Education in Anesthesia
11512 Allecingie Parkway
Richmond, VA
23235
Telephone: (804) 379-5513

Committee Reports

The following are highlights from the recent Mid-Winter Council meeting, held February 8-10, 1991 in Toronto.

ALLIED HEALTH PROFESSIONS: Development of Anaesthesia Assistant Programmes Continues

Dr. Ian White

CAS members Drs. Ian White and Chris Soder have been reappointed as members of the CMA Conjoint Committee for the Accreditation of Educational Programmes in Respiratory Therapy. Through this involvement, the Society continues to have influence over the development of respiratory therapy in Canada.

The Committee has reviewed the second draft of the Anaesthesia Technician Curriculum. Further revisions will be made and the final draft will be available in the summer of 1991.

Dr. White outlined the status of the current Anaesthesia Assistant programmes in Canada. Vanier College has been well established over the past twelve years. Both the Michener Institute in Toronto and the Southern Alberta Institute of Technology are in the process of programme development and it is anticipated that the first students will enter the programme in 1991. Caribou College is in the early stages of discussion.

Dr. White informed Council that it was the opinion of his committee that a formal liaison should be established with both the Operating Room Nurses Association and the Recovery Room Nurses Association of Canada. To that end, invitations will be sent to both organizations to send a representative to the next meeting of the Committee on Allied Health Professions at the Annual Meeting in Quebec City. It was felt that this would be an opportunity to enhance the relationship among those who are intimately involved in health care delivery at the operating room level.

ARCHIVES: Artifacts of Anaesthesia Being Collected

Dr. David Shephard

A project which involves the collection and cataloguing of historically interesting inhalers, vapourizers and anaesthetic ventilators is being carried out by Drs. R. Humble and J.W.R. McIntyre in Alberta together with Dr. A. Gelb in Ontario. In Alberta, the recently formed Society for the Preservation of the Artifacts of Anaesthesia has been incorporated in order to acquire, preserve and display these artifacts. The value of this type of activity is enormous and the Society urges any members who possess, or know the whereabouts of, pieces of equipment that seem to have historical value not to let them be destroyed but, rather, to draw the atten-

tion of any of the foregoing anaesthetists to the existence of such artifacts.

The Archives Committee hopes that artifacts all across Canada will be preserved rather than be allowed to disintegrate in the damp darkness of hospital basements or Departments of Anaesthesia.

With the assistance of the members of the Committee, it is to be hoped that a series of short articles on notable Canadian anaesthetists which have appeared in the Canadian Journal of Anaesthesia will continue to be published. The Committee welcomes suggestions for future articles.

RCPSC SPECIALTY COMMITTEE ON ANAESTHESIA: Ongoing Negotiations with ABA Regarding Reciprocity

Dr. Alison Froese

Negotiations between the Royal College and the American Board of Anesthesiology (ABA) with respect to possible reciprocity are continuing. There has been no modification to the original ABA proposal. In the interim, CAS members are encouraged to report to the Specialty Committee any incidents in which access is being inhibited by the current arrangement, particularly with reference to academic opportunities for training, post-graduate fellowships or junior faculty appointments.

The Clinical Pharmacology Specialty Committee has now initiated a request to make Anaesthesia one of the core specialties. Appropriate revisions to relevant documents are underway in preparation for consideration by the Standing Committees and Council of the College. Currently, the University of Western Ontario, the University of Toronto

and McGill University have been accredited to operate training programmes in Clinical Pharmacology. Dalhousie's programme is under development.

In the area of Critical Care, several important principles were finalized this fall, in large part due to Dr. John Hewson's vigorous representation of Anaesthesia's interests. It is becoming clear that with extremely careful coordination between the Anaesthesia Programme Director and the Critical Care Programme Director, an R4 programme can be designed that will allow Anaesthesia trainees to receive full credit for an overlap year towards their Critical Care training programme. However, all such decisions require the prospective approval of the Critical Care Programme Director.

In recent surveys it has become evident that many programmes schedule more required rotations than are actually needed to fulfill specialty training requirements. Many of these additional rotations are very valuable and certainly very appropriate for the goals of Anaesthesia training. However, in light of the increasing complexity of the interface between Anaesthesia and other disciplines, such as Critical Care, Clinical Pharmacology etc., such arrangements also create the risk of destroying a trainee's flexibility to pursue some of these options. The Nucleus Committee has asked all Programme Directors to re-evaluate how much true elective time they offer and ensure that programme design does not inhibit Anaesthesia's participation in these initiatives.

It was decided by the Nucleus Committee that a maximum of six months' training time (i.e. the current elective period) could be used to pursue training in Biomedical Ethics for trainees so interested.

Patient Education Tapes Available

Available to CAS members at no cost:

"Understanding Anaesthesia"

(21 minutes, VHS, c. 1989)

Produced by The Foothills Hospital (Calgary), this video is intended for patients and family members interested in understanding the basic concept of anaesthesia, including historical evolution and the various types of anaesthetics. Available in English only.

"One-Day Care Surgery"

(12 minutes, VHS, c. 1990)

Produced by The University Hospital (London), this video is designed to illustrate what happens *before* an operation and how patients will feel *after* the operation. Available in English and French.

To order, please send your request to:

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Division Reports

NEWFOUNDLAND: **Controversy Over Consent Continues**

Dr. Michael Bautista

There has been significant disagreement between anaesthetists and hospital administrators as to the scope of informed consent required for anaesthesia procedures. Attempts are being made to insist upon written consent for the insertion of invasive monitoring devices that are an integral part of major procedures, e.g. aortic aneurysm repair, even though this goes beyond the generally accepted needs of informed consent across the country. The Division will seek legal opinion with respect to this issue.

NEW BRUNSWICK: **Government Commits to Health Care Assessment**

Dr. Robert McLean

The recent warming of the cool relations between the government and the New Brunswick Medical Society has provided improved financial agreements and a renewed opportunity towards progress. The agreement includes the following:

- A removal of individual billing caps;
- Implementation of an agreement on arbitration, with access to a fact-finder to act as a mediator/conciliator in negotiations on manpower and utilization;
- Commitment of the New Brunswick Medical Society and the government to jointly assess health care policy, including a reaffirmation of the commitment to address fee relativity and quality care issues and to monitor physician billing patterns.

QUEBEC: **Bill 120 Encourages Reform**

Dr. Laurent Marceau

The Minister of Health and Social Welfare of Quebec tabled Bill 120 before Christmas. It contains projects of reform for the health care delivery systems, some of which are probably going to affect the future of anaesthesia in Quebec. Highlights include:

- Creation of regional councils with increased power to organize health care delivery in certain regions, to control the distribution of a fixed monetary mass to be used to remunerate specialists and to approve clinical organization including the number and allocation of specialists for a certain region;
- Increased power given to the administration of university hospitals;
- Obligatory administrative duties for doctors if they wish to maintain their privileges;
- Obligation of new graduates to work in the periphery, depending on the Minister's wishes.

This new bill is going to affect recruitment in anaesthesia as well as present manpower.

Canada Post Honours Anaesthetist

In recognition of his service to anaesthesia in Canada, The Canada Post Corporation has issued a commemorative stamp in the name of Dr. Harold Randall Griffith.

Dr. Griffith (1894-1985) made a tremendous contribution to the practice of medicine with his introduction of muscle relaxants into clinical practice in 1942, which reduced anaesthesia-related illness and death. In 1943, Griffith established the first post-operative recovery room in Canada.

In addition to being a founding member of the Canadian Anaesthetists' Society (and its first president), Griffith was also the first president of the World Federation of Societies of Anaesthesiologists (WFSA).

He also helped organize a teaching programme in anaesthesia for physicians in the armed forces, which ultimately led to the development of the McGill Diploma Course in Anaesthesia.

Dr. Griffith joins three other eminent physicians for this series:

Dr. Wilder Graves Penfield, the neurosurgeon who developed "The Montreal Procedure," a surgical treatment for epilepsy;

Dr. Jennie Trout, the first Canadian woman licensed to practise medicine in Canada;

Sir Frederick Grant Banting, the co-winner of the 1923 Nobel Prize for physiology/medicine for the discovery of insulin.

For further information or to purchase a "first day cover," please contact:

Mr. Darryl Carter
Director, Sales and Marketing
Canada Post Corporation
(613) 228-4765

The AAQ will meet with the Minister to describe the negative impact this bill will have on the practice of anaesthesia in Quebec.

ONTARIO: **Anaesthesia Joins Peer Assessment Programme**

Dr. Wayne Lambert

By the end of 1991, the specialty of anaesthesia will be included in the peer assessment programme of the Ontario College of Physicians and Surgeons. This programme was established in Ontario in 1977 and now includes over 80% of physicians practising in the province. Anaesthesia is the largest group not yet included and has been left out until now because the bulk of our practice occurs in institutions governed by the Public Hospitals Act. A task force consisting primarily of anaesthetists is working with the College to develop parameters for a peer assessment programme and the pilot project should be in place by spring.

In 1989, the Anaesthesia Liaison Committee of the OMA/CPSO recommended that a survey of anaesthetic machines be conducted through the province to determine whether current equipment meets present standards for maintenance and safety. To date, efforts to convince the Minister of Health to move forward with the survey have been unsuccessful, but the issue remains a priority item.

MANITOBA: **Manpower Situation Critical**

Dr. Suzanne Ulliyot

As predicted by reports to the CAS in the early '80s and as confirmed by a follow-up report in 1989 by Dr. Ian White, manpower is at

a critical point in Manitoba. Both the teaching hospitals and all community hospitals have reduced the number of staff. Most of these centres still have a significant proportion of aging staff and there is every indication that this shortage is going to worsen over the next five years.

SASKATCHEWAN: **Colleague Mourned** *Dr. David Shephard*

Dr. Christopher Kilduff, a long-standing and respected member and formerly Head of the Department of Anaesthesia at the University of Saskatchewan, died in January 1991. He will be greatly missed not only for his contributions to anaesthesia but also to medicine in general in Saskatchewan. The Division has contributed to the MRI fund in Saskatoon in his memory.

BRITISH COLUMBIA: **BCAS Lobbies Government** *Dr. Raymer Grant*

The government of British Columbia has been conducting a Royal Commission on Health Care and Costs for the past twelve months. Hundreds of submissions have been made, including presentations from the BCMA and many of its sections. A presentation by Dr. Brian Saunders of Victoria, on behalf of the British Columbia Anaesthetists' Society (BCAS), highlighted the expanding role of our specialty in the areas of intensive care, peri-operative management, and acute and chronic pain services. The ongoing problem of 24-hour coverage by anaesthetists for obstetric units, emergency and intensive care units in smaller hospitals was addressed, with particular reference to the inadequate fee-for-service funding of these activities.



48th Annual Meeting Update

JUNE 21 – 25, 1991: BE THERE!!



The second registration mailing, which includes the registration form, will be sent in March 1991. Please complete the form carefully and be sure to enclose payment. No post-dated cheques will be accepted.

The first mailing in December included information from Air Canada on Convention Central, their special conference service. PLEASE TRY TO USE AIR CANADA, our official carrier, as there is considerable benefit to the Society. Please quote event 91-199 when you make your booking.

We encourage you to attend the Fun Night, which will take place on Sunday night rather than Saturday. The evening features a dinner cruise along the St. Lawrence River aboard the *Louis Jolliet*. Following the dinner, guests will be able to enjoy an on-board casino. Please note that children are welcome at this event.

The scientific portion of this year's meeting incorporates presentations in two new formats, Computer Discussion and Grand Rounds. The first ninety minutes of the Computer Discussion session have been allotted to viewing the demonstrations and will be followed by a discussion period with the authors/programmers. The object of the Grand Rounds session is to provide a forum for the discussion of difficult cases encountered in clinical practice. Community-based anaesthetists are especially encouraged to attend this session as members of the audience will submit problem cases to a panel of experts.

Also of interest to community-based anaesthetists is the Clinical Forum on post-operative anaesthetic complications. In this format, difficult cases will be presented to a panel of experts, with discussion from the audience.

Symposium A will focus on post-operative pain management and will be moderated by Dr. Jean-Pierre Tétrault. Speakers include Dr. Brian Ready of Seattle (on "The organization of an acute pain management service") and Dr. Donald Stanski of Stanford (on "Pharmacological aspects of post-operative analgesia"). Symposium B will focus on out-patient analgesia and will be moderated by Dr. Frances Chung. Speakers include Dr. Peter Duncan of Saskatoon (on "Which patient? Which procedures?") and Dr. Bernard Wetchler of Peoria (on "What are the problems in the recovery room?").

The topic of the Regional Anaesthesia Section Lunch is "Efficiency and limitations of perioperative regional anaesthesia: neurophysiological, endocrine, metabolic and clinical aspects." The speaker will be Dr. Henrik Kehlet of Hvidovre, Denmark. The topic of the Obstetric Section Lunch is "Spinal anaesthesia in C-section." The speaker will be Dr. Sol Shnider of San Francisco. The Paediatric Section plans a breakfast meeting on Tuesday, June 25; more information will follow. New this year is a meeting of all those who are interested in forming a Cardiothoracic Section. An informal lunch will take place on Monday, June 24; more information will follow.

Scientific Exhibits and Audio-Visual Displays will again be presented; the deadline for application is April 1, 1991. Each presenter will receive a certificate of participation. All presentations will be judged and prizes will be awarded for the best submissions.

Exhibit space is selling well, and we encourage all delegates who come to Quebec City to support these very loyal companies. If you have any questions or concerns, please do not hesitate to contact any of the Society's staff at the central office.

Attention Residents!!

Plan to add the Residents' Meeting to your agenda at the upcoming Annual Meeting, which will take place June 21–25, 1991 in Quebec City. Following the format of last year's session, this meeting will provide the opportunity for informal conversation with your peers. Take advantage of this unique and unstructured gathering to engage in discussion of issues of mutual concern, to renew old friendships and to meet your colleagues from across the country.

The tentative schedule for the afternoon of Monday, June 24, 1991 is as follows:

- 2–4 p.m.: Residents' Seminar ("How to Optimize your OR Experience")
- 4–4:30 p.m.: Wine and Cheese Reception
- 4:30 p.m.: Residents' Meeting

The following is a partial list of sessions offered by the Physician Manager Institute in conjunction with the Canadian Medical Association and the Canadian College of Health Service Executives.

PMI-I: The Foundations of Management
May 5–8, Niagara-on-the-Lake, ON
May 26–29, Mont Orford, PQ (conducted in French)
July 14–17, Halifax, NS
Sept. 29–Oct. 2, Muskoka, ON

PMI-II: Leadership Skills Development
May 9–11, Niagara-on-the-Lake, ON
July 18–20, Halifax, NS
October 3–5, Muskoka, ON

PMI-III: Conflict Management and Negotiation
August 11–13, Gull Harbour, MB

PMI-IV: Planning and Managing Change
August 14–16, Gull Harbour, MB

For information:

Executive Development
Canadian College of Health Service Executives
Telephone: (613) 235-7218

—or—

Department of Educational Services
Canadian Medical Association
P.O. Box 8650
1867 Alta Vista
Ottawa, ON K1G 0G8
Telephone: (613) 731-9331

Upcoming Meetings

Canadian Anaesthetists' Society Regional Refresher Course:

The Recovery Room
Halifax, Nova Scotia
April 27, 1991

For information:
Canadian Anaesthetists' Society
187 Gerrard Street East
Toronto, ON M5A 2E5
Telephone: (416) 923-1449
Fax: (416) 944-1228

**International Association for the Study of Pain
2nd International Symposium on Pediatric Pain**
Montreal, Quebec
April 24-27, 1991

For information:
Pain Secretariat, Conference Office
McGill University
3450 University Street
Montreal, PQ H3A 2A7
Telephone: (514) 398-3770

**Canadian Anaesthetists' Society
48th Annual Meeting**
Quebec City, Quebec
June 21-25, 1991

For information:
Canadian Anaesthetists' Society
187 Gerrard Street East
Toronto, ON M5A 2E5
Telephone: (416) 923-1449
Fax: (416) 944-1228

**Anesthesiology Update
1991/Annual Meeting
of the Alberta Division**
Jasper, Alberta
April 12-14, 1991

For information:
Dr. B.T. Finucane
Chairman, Department of Anaesthesia
University of Alberta Hospitals
3B2.32 Walter Mackenzie
Health Sciences Centre
Edmonton, AB T6G 2R7
Telephone: (403) 492-0660
Fax: (403) 432-1695

Anaesthesia in Community Hospitals
Toronto, Ontario
May 4, 1991

For information:
Continuing Education, Faculty of Medicine
Medical Sciences Building
University of Toronto
Toronto, ON M5S 1A8
Telephone: (416) 598-7445

**Australian Society of Anaesthetists/
Canadian Anaesthetists' Society
Combined Scientific Meeting**
Brisbane, Australia
October 12-16, 1991

For information:
Dr. J.P. Bradley, Conference Chairman
P.O. Box 1280
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