THE CANADIAN ANAESTHETISTS' Society



NEWS LETTER

VOLUME 1, NO.1 OCTOBER 1950

The President's Page

This, the first issue of our News-Letter, marks another advance in the progress of The Canadian Anaesthetista Society. Your executive hope that the members and Division officers will keep the Committee on publication fully inform ed of all meetings and all changes projected or occurring problems so that the members from coast to coast will be kept in closer touch with each other. They also want to interesting personal items. From this material sent in to our hard-working Secretary's office the News-Letter I am such society. I would also like to take this opportunity of thanking you for the honour you have conferred on me by electing me President.

Yours sincerely,

S.M. Campbell, President,

From The Secretary's Office

ANNUAL MEETING

The first independently organized meeting of The Canadian Anaesthetists' Society, held at the Seigniory Club, Montebello, Quebec in June of this year was a great success from every point of view. The attendance exceeded the most optimistic forecasts. The professional programme could not have been excelled, the attendance at the business meeting set a record in spite of the proximity of the golf course, and the social life was so obviously enjoyed by all that no comment is necessary. The commercial exhibits were of a high order, and the exhibitors were greatly pleased with the interest shown.

The General Meeting voted unanimously to hold the 1951 meeting at the Seigniory Club again, in view of the fact that the Canadian Medical Association Meeting will be held in nearby Montreal. Unfortunately we were unable to arrange mutually satisfactory dates with the club management, but were fortunate enough to make arrangements to hold the meeting at the Manoir Richelieu, Murray Bay, Quebec, on 25-26-27 June 1951. These dates follow immediately after the Canadian Medical Association Meeting in Montreal. Plan now to attend this meeting. If you wish to present a paper please advise the Secretary immediately.

INCREASE IN DUES

The Annual General Meeting held on 27 June 1950 voted unanimously to increase the membership dues of the Society to \$15.00 per annum for members Certified in Anaesthesia and \$10.00 per annum for other active members; the dues for members-elect (internes) to remain at \$1.00 per annum.

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The necessity for this increase was dictated by

two factors, namely:

- (1) The decision of the meeting to authorize publication The decision of a Bulletin to be distributed to all members four times a year.
- (2) The decision to pay the necessary travelling expenses The decision to per to attend the mid-winter Council of Members of Council to attend the mid-winter Council

meeting.

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Since the organization of the Society the Executive officers and Members of Council of the Society have not only Officers and Mennot time but have personally borne the cost of contributed their time of Council in order to attend contributed their sof Council in order to attend to the attending meeting. This has meant an undue burden for business of the Society. This has meant an undue burden for those attending from a distance. In increasing the membership due it has been recognized that this expense should be borne by the membership as a whole.

ECONOMICS

The following policy was unanimously adopted by The Canadian Anaesthetists' Society at the annual meeting in June 1950:

"The overall policy of The Canadian Anaesthetists' Society shall be that it is unethical for any corporation or agency whether or not organized for profit, to furnish or to undertake to make available medical services for a fee. It is unethical for any practicing physician-anaesthesiologist to enter into a relationship with any corporation or agency which enables it to offer his services for a fee. In insurance or other prepayment programs, hospital service plans should provide for hospital services only, medical service plans should provide for medical and surgical services. Hospital services shall not include the administration of anaesthesia, which is the practics of medicine. "

LABELLING OF AMPOULES

At the recent annual meeting of this Society a Committee was appointed by Council to prepare a classification for ampoules requiring fast marking. This Committee has designated the following as those ampoules requiring fast marking, these recommendations being presented to the Department of National Health and Welfare.

- Class 1. All local anaesthetic drugs when packaged in ampoules whether or not designed for use as spinal anaesthetics.
- Class 2. All mixtures containing local anaesthetic drugs when packaged in ampoules whether or not designed for use as spinal anaesthetics.
- Class 3. All drugs designed to be used as adjuncts to local anaesthetic drugs in spinal anaesthesiae.g. glucose 10% or 6% when packaged in ampoules ephedrine when packaged in ampoules and epinephrine whenpackaged in ampoules, methedrine when packaged in ampoules and such other analeptic drugs as may from time to time be required for use as adjuncts to local anaesthetic drugs in spinal anaesthesia.

Class 4. All sclerosing agents designed for injection of tissues or about nerve trunks when packaged in ampoules, such as obsolute alcohol, proctocaine etc.. Furthermore although these things are not in the anaesthetic field it is recommended that solutions intended for use in sclerosing veins when packaged in ampoules should have a fast marking, and further that fast marking is recommended for ampoules of narcotic drugs on the basis that the label cannot then be removed from the ampoule. Correspondence is continuing with the Department of National Health and Welfare on this subject.

FELLOWSHIP IN THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

As a result of negotiations instituted by this Society, Anaesthesia has been accepted as a Specialty in which a modified examination for Fellowship in the Royal College of Physicians of Canada may be taken.

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News Items of Interest

Dr. J.A. MacDougall has left Antigonish, N.S., and is now practicing in Saint John, N.B.

Dr. Eric Howell has left Truro, N.S., and is now at Doctor's Hospital, Cleveland, Ohio.

Dr. Allan S. MacIntosh and Dr. R.A.P. Fleming, both of Montreal, have joined the staff of the Victoria General Hospital, Halifax, in the Department of Anaesthesia. This brings the number of full time Anaesthetists in that hospital to five.

The Nova Scotia Division are planning one meeting each month to which it is hoped to attract members residing outside of Halifax. It is planned at each meeting to present a speaker from the Faculty of Medicine of Dalhousie University. The Department of Anaesthesia at the Victoria General Hospital, Halifax, is organizing special study groups and a journal club for weekly meetings, which are open to all interested.

Dr. Wesley Bourne and Dr. Harold Griffith of Montreal, Dr. H.J. Shields of Toronto and Dr. B.C. Leech of Regina have been elected Fellows of the Faculty of Anaesthetists, Royal College of Surgeons of England.

Dr. C.R. Stephen has been appointed Director, Division of Anesthesiology, Associate Professor of Anaesthesia at Duke University, Durham, North Carolina.

Dr. H.M. Slater has succeeded Dr. Stephenas chief of the Department of Anaesthesia at the Children's Memorial Hospital, Montreal.

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Dr. Frank McCaffrey has been appointed to the anaesthetic staff of the Children's Memorial Hospital, Montreal.

Dr. Shirley Fleming, has returned from the Nuffiel Department of Anaesthetics at Oxford University and has been appointed to the staff of the Women's College Hospital, Toronto. While at Oxford Dr. Fleming completed the examination for the Diploma in Anaesthetics, Royal College of Surgeons of England.

Dr. Arthur Dunn has been appointed to the Anaesthetic Staff of St. Michael's Hospital, Toronto, on completion of the Post-Graduate Course in Anaesthesia at the University of Toronto.

Dr. Margaret Sheehan has been appointed to the Anaesthetic Staff of the Hospital for Sick Children, Toronto, on completion of Post-Graduate training at the University of Toronto.

Dr. Alan Noble, Dr. W.A. Campbell and Dr. Harold Angrove have formed a partnership for the practise of Anaesthesia in Kingston, Ontario.

Dr. W.G. Reive, Dr. A.D. Campbell and Dr. A.R. Riddell have formed a partnership for the practise of Anaesthesia in Kitchener, Ontario.

Dr. Marcia Wood (Manitoba 50) is spending a yea as Resident in Anaesthesia at the Winnipeg General Hospital.

Dr. Stuart Vandewater is Anaesthetic Registrar at the Royal Infirmary, Edinburgh, Scotland. Dr. Vandewater completed the Post-Graduate Course in Anaesthesia at the University of Toronto in June 1950.

Dr. Victor Rogers has joined the Anaesthetic Staff of the Winnipeg General Hospital. Dr. Rogers is a graduate of Liverpool University and came to Canada eighteen months ago.

pr. Douglas Best has joined the Anaesthetic Staff of the Winnipeg General Hospital from Arnprior, Ontario.

The Winnipeg Anaesthetists' Society held a cocktail party and dinner on August 11th in honour of Dr. tail parts tail parts porothy Barnhouse and Dr. & Mrs. R.G.D. Whitehead. Dr. porothy has joined the Anaesthetic Staff of the Dr. porothy Barnhouse has joined the Anaesthetic Staff of the University parnhouse Hospital, Edmonton, and Dr. Whitehead has gone to of Alberta not be Joseph's Hospital, Victoria, B.C. Both have to the staff of St. Joseph's Hospital, Victoria, B.C. Both have the Starl of active part in the Winnipeg Society and will be taken an active part. reatly missed there.

The sudden death of Dr. A.C. Rumball in June was a great loss to the Saskatchewan Division and to the Canadian great loss to the Canadian Anaesthetists' Society. Dr. Rumball was in Toronto at the Anaesthetic and had planned on representing the Saskatchewan Division at the Annual Meeting in Quebec.

The members of the Saskatchewan Division nominated pr. R. Daymond, Saskatoon to present Dr. Rumball's paper at the Annual Meeting, and on a subsequent ballot he was elected as Chairman for this division for 1950-51.

Dr. Eric Asquith has joined the Associated Anaesthetists of Regina from Montreal.

Dr. B.C. Leech, Regina, suffered a fracture-dislocation of the right shoulder and minor bruises and lacerations in a car accident on October 2. He is reported to be making satisfactory progress.

Jean Hugill of Port Alberni, B.C. will be Dr. leaving her private practise and will become associated with Dr. M. Digby Leigh and Associates at the Vancouver General and Children's Hospitals, Vancouver. Dr. Alice Ronan, now a resident in Anaesthesia at the Vancouver General Hospital will take Dr. Hugill's practise in Port Alberni.

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A Regional Meeting of the Western Divisions will be held in Calgary in February 1951, the date to correspond with those of the meeting of the Western Surgical Association. Specific dates will be announced later.

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