

THE CANADIAN ANAESTHETISTS' SOCIETY



NEWS LETTER

Editor

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The President's Page

"NEWS LETTER": the modest review of the Canadian Anesthetists' Association comes to you once more and confidently addresses a petition. It fully desires to live and progress under the direction of our "Noble Colleague" and it intends to stand firmly. However, the united efforts of each and all are necessary. Many of you, I am certain sincerely desire a scientific review of Canadian Anesthesiology. "NEWS LETTER" is trying its first steps. To help it along must we not contribute to its welfare by supporting it? Its continual progress may soon permit us to elaborate a monthly number which would become the desired scientific review.

The busy months of February and March have come to an end and each and all have furnished many busy hours of work. The prospect of a holiday is comforting and a well earned rest is at hand. An enchanting corner in the "Laurentides" on the banks of the Ottawa River has been chosen for the Congress in June. Many are expected "au Manoir Papineau" at Montebello - come in great numbers - a well prepared program is announced, highly scientific -- and what about social events? They are promising !!!

Our Canadian Association of Anesthetists: its 475 members in the 10 provinces, become more and more conscious of their responsibility. A study of general interest problems brings, in due course, equitable solutions. From coast to coast of our vast Country, we must have but one mind in the directing principles of our specialty: in our daily work well accomplished; in teaching; in scientific research promoted, guiding our efforts in channels that will add to the structure on which our organization may be expanded towards a better anesthesiology for the patients and broader service to our members.

George Cousineau

"NEWS LETTER", humble revue de notre Association Canadienne d'Anesthésistes vous revient cette fois, et toute confiante, elle vous adresse cette supplique. Elle veut vivre et progresser, et sous la direction de notre Confrere Noble, elle entend bien ne pas faillir à sa tâche. Toutefois, la collaboration de chacun lui est nécessaire. Quelques-uns rêvent déjà d'une revue scientifique canadienne d'Anesthésiologie. "NEWS LETTERS" en est le début. Encore faudra-il l'alimenter, au point que se développant peu à peu, elle élabore un jour l'attente d'une revue mensuelle, et encore davantage, ce sera la revue scientifique désirée.

Les mois de rude travail s'achèvent. Tous ont fourni le gigantesque effort du travail quotidien d'anesthésiste que les mois de février et mars leur imposent. Nous entrevoyons donc avec joie la venue d'une détente bien méritée. Le Congrès de Juin à Montebello, en sera le motif. Dans ce coin enchanteur des Laurentides, sur les bords de la rivière Ottawa, nous nous rendrons bien nombreux au Manoir Papineau, attirés par un programme de haute tenue scientifique, et d'évènements sociaux prometteurs.

Notre Association Canadienne d'anesthésistes groupant maintenant 475 membres, repartis en dix provinces, prend conscience de ses responsabilités de plus en plus étendues, et par l'étude des problèmes d'intérêt général, cherche pour chacun les solutions équitables. D'un bout à l'autre de notre grand pays, il faut garder l'unité de pensée en tout ce qui touche les principes directeurs de notre spécialité: le travail journalier le plus parfait possible, - devant se faire en des conditions économiques raisonnables.

Georges Cousineau

From The Secretary's Office

SYNOPSIS OF COUNCIL MEETING - 1 MARCH, 1953

For the first time in the history of the Society the annual midwinter Council meeting was attended by the representatives of all the Divisions except Newfoundland. All were particularly pleased to welcome the Past-President, Dr. E. H. Watt, and to learn how much his health has improved.

The council convened at 10 a.m., and with the exception of a recess for lunch, continued its deliberations until nearly 6 p.m. The following items from the Council meeting will be of interest to all members -

- I. Reports from divisions showed activity in the educational, scientific and economic fields. Highlights of these reports were:-
 - i. The Nova Scotia division last year combined a regional meeting with the spring Refresher Course at Dalhousie University, and plan to repeat in May of this year.
 - ii. In New Brunswick the employment of nurse anaesthetists continues in some centres adjacent to the American Border, and some major economic matters remain to be cleared up, in particular relating to Insurance, Compensation Board, Government, and other third party accounts.
 - iii. In Quebec and Ontario several provincial meetings of an educational and scientific nature have been held throughout the year, in addition to the activities of various local societies and the departments of Anaesthesia of the Universities.
 - iv. In Manitoba activity has centred chiefly in Winnipeg. The Anaesthetists at St. Boniface Hospital are now practising on a fee for service basis, and the anaesthetic staff of the Winnipeg General Hospital has completed arrangements to enter practise on this basis in the near future. A most successful joint meeting of the three prairie divisions was held in Winnipeg the last week in February.
 - v. The Saskatchewan Division held a meeting in conjunction with the annual meeting of the College of Physicians and Surgeons in September 1952. The economic situation in Saskatchewan appears to be satisfactory.
 - vi. The Alberta Division has continued negotiations in the matter of fees with the College of Physicians and Surgeons, and the provincial Cancer Commission. One provincial meeting was held in Calgary. This division is co-operating in a committee

to study deaths under anaesthesia occurring in the province.

- vii. The British Columbia division, after several years of stormy negotiation, has obtained recognition for a satisfactory minimum schedule of fees. This division has held an excellent series of regular scientific meetings during the year.
2. The programme for the Annual Meeting of the Society at the Seignior Club was considered by the Council and approved. (Copies of the programme will be forwarded to all members.)
3. A Public Relations Committee was appointed, consisting of Dr. Harold Griffith, Dr. E. Allard and Dr. Alan Noble. Notice was given of motion to amend the Constitution and By-Laws by adding to Section 15 a subsection (c), as follows:

Any article or paper prepared by a member of the Society or with his assistance for publication in the lay press shall be submitted in full and complete form to the Public Relations Committee of the Society for approval before publication.
4. The Secretary reviewed the correspondence with the American Board of Anaesthesiology concerning approval of Canadian Residencies for admission to the examinations of that Board. It appears that this problem is approaching solution.
5. The Council accepted with regret the resignation of Dr. H. E. Robinson as Editor of the News Letter, and appointed Dr. Alan Noble of Kingston to be Editor.

ANNUAL MEETING

Members planning to attend the Annual Meeting of the Society at the Seignior Club, Montebello, Quebec, June 1, 2 and 3, 1953, will please make their reservations now directly with - "Mr. C. Chapman, Manager, Log Chateau, Seignior Club, Montebello, Quebec".

INTERNATIONAL SOCIETY

The attention of members is directed to literature recently circulated by an organization styled "INTERNATIONAL ASSOCIATION OF ANAESTHESIOLOGISTS, INC", Baltimore, Maryland, U.S.A. In view of the numerous enquiries concerning this organization which have been directed to the Secretary of the Society, members are advised that this Association is not recognized by the Canadian Anaesthetists' Society, and should not be confused with the International Society which it is hoped will evolve from the deliberations of the committee set up in Paris in 1951 under the chairmanship of Dr. Harold Griffith.

The Editor's Page

Our Society has 475 members distributed over a great deal of space. In order to integrate the activities and interests of all members, we must have more than one medium of expression. Ideas are exchanged at meetings as are the many important matters of scientific and economic interest. In order that the scientific papers presented at meetings may be available to those unable to attend and to reinforce the memories of those that did attend, the Society will publish an annual volume of 'Proceedings'.

In addition, there are many items which should not be missed. Reports of meetings, new ideas in teaching, news of members and members-in-training, notices of available practices, staff appointments and residencies, are all matters of common interest and should appear in the News Letter. Maybe some members feel that Council is overlooking some rather important matters, or that our meetings could be improved. To those, this periodical provides a democratic medium of expression.

Consideration is being given to the Reporting of Interesting Cases. This Department is interesting and important. Many feel that the reports and discussions should appear in the same issue. This we aim to do, pending the arrival of more suggestions. It seems reasonable, at first, to make copies of interesting cases as received, transmit them to members for discussion and publish case reports and comments together.

However, case reports must be carefully and accurately prepared before they are submitted.

Incidentally, ideas of members should not be mentioned as part of a personal letter to the Editor. The re-writing of such may result in a wrong impression. Please write these separately and exactly as you want them printed.

Descriptions of new pieces of equipment are particularly acceptable.

With the co-operation of all, the News Letter should be a good one. The next issue will appear in October, and the editorial deadline is September 20th.

News Items of Interest

Dr. Norman Rollason of Hull, England, recently spent a period of six weeks as the guest of Dr. Digby Leigh at the Vancouver General Hospital.

Dr. R. S. Woodsworth, who has recently completed his residence training at the Vancouver General Hospital, has been appointed to the anaesthetic staff.

The General Hospital, Edmonton, is completing a new 300 bed wing to contain nine new operating rooms.

The Royal Alexandra Hospital, Edmonton, is completing a new 100 bed Maternity Unit and the anaesthesia in this unit will be provided by the Staff Anaesthetists.

As a result of the above, there will soon be the need of at least two more staff anaesthetists in those hospitals.

The Royal Alexandra Hospital has now been approved for one year of Residency Training in Anaesthesia. They have room for one more resident.

The University of Alberta Hospital at present has no residency or staff vacancies.

Dr. Cristine Howse has returned to Edmonton and joined the staff of the University Hospital following completion of her training in London, England.

Dr. J. Scales, formerly of the Royal Victoria Hospital Anaesthesia Staff, Montreal, has joined the staff of the General Hospital, Edmonton.

It is rumoured that Dr. L. D. Barnhouse will be leaving the staff of the University of Alberta Hospital this fall to return to Winnipeg, reason - matrimony!

Dr. Paul Venini is now associated with Dr. George Mores of Calgary in the practise of Anesthesiology.

Dr. & Mrs. Dick Douglas and Dr. & Mrs. Walter Johns of Calgary very capably entertained a large group of the Alberta Division on the occasion of a provincial meeting January 17 - 18th.

The Alberta Division of the C.A.S. were successful in September, 1952

in gaining approval and co-operation of the Canadian Medical Association (Alberta) in the establishment of a committee for the study of deaths under anesthesia and in the early post-operative period. The chief Coroner for Alberta is supplying case histories, and the committee consists of a surgeon, a pathologist, and Dr. Ted Gain, who has succeeded Dr. Ernie Watts as Director of Anesthesia at the University Hospital. Some useful and informative data are expected from this province-wide survey, which is intended to perform an educational and statistical function rather than a disciplinary one.

The Anaesthetists of Alberta held a Provincial meeting in Calgary last January. Bad weather resulted in many flights being cancelled and, as a result, the scientific sessions were disrupted. However, everyone arrived in time for the dinner and social evening, which was an unqualified success.

The new Calgary General Hospital was opened in March. Patients and staff moved from the old building to the new and considerable shifting about and re-arranging was necessary the first few days. Dr. Mores, Chief Anaesthetist, has the problem of providing anaesthetic services for the twelve new operating rooms.

REPORT OF THE WESTERN CANADIAN ANAESTHETISTS CONVENTION

This yearly event, anticipated by the anaesthesiologists of Western Canada was held in Winnipeg in 1953, on February 25- 28. Dr. Francis F. Foldes of Pittsburg was the guest speaker. He lead the group through the Newer Concepts of Muscular Relaxants, and in particular stressed the ultra short-acting ones, drawing from his vast pharmacological knowledge, coupled with experimental and clinical work.

Epidural Anaesthesia is occupying his attention now as a method of nerve block, without the hazards of depositing a drug in the sub-arachnoid space. As well as reading a paper on this subject, he demonstrated his technique at two hospitals. Fluid and Electrolyte Balance for the Surgical Patient was his third contribution to the program. His sparkling personality, unbounding energy, wide interests, and seemingly inexhaustible knowledge of anaesthesia, all contributed to make him a most popular guest.

Obstetrical Anaesthesia, presented by Drs. Marcia Wood and Max Cham, Anaesthesia in Infancy by Dr. Dave Sherman, Review of a thousand spinal anaesthetics by Dr. M. Yates, Regional Anaesthesia of the Lower Limb, by Dr. David Tass were among the papers read by anaesthesiologists. Dr. Jack Armstrong and Dr. Rubin Cherniak of the Department of Physiology, Faculty of Medicine each read a paper.

Social events, enjoyed by the visitors and local members, were a reception at the home of Dr. Donalda Huggins, Dinner and Dance at The Paddock, Luncheon and Figure Skating exhibition at the Winnipeg Winter Club. The visiting anaesthetists were guests of Dr. and Mrs. D. Tass at a buffet supper prior to the concert of the Winnipeg Symphony, with a coffee party at the home of Dr. and Mrs. H. Hutchinson after the concert.

A Ladies' Committee planned a program for the wives of the anaesthetists.

The committee in charge of this successful Winnipeg Convention were Dr. Donalda Huggins, chairman, Dr. Ben Shell, Dr. Eric Dobbs, and Dr. Max Minuk.

This year the Western Surgical Society Meeting and that of the anaesthetists were held simultaneously which allowed a greater number of anaesthetists to attend the Winnipeg meeting. The opinion was expressed that attempts should be continued in future years to have the meetings held on similar dates.

Dr. Ted Gains of Edmonton extended an invitation to the Western Canadian Anaesthetists to meet in Edmonton in 1954.

The regular monthly meeting of the Manitoba Division was held in the Medical Arts Club Rooms on April 7th. Dr. Lionel Cruikshank gave a paper on Analgesia in childbirth, drawing from his vast experience in England with various types of machines for self-administration of anaesthetic agents during paturition.

Dr. Max Minuk read a case report prepared by Dr. Joan Crane of a Cyclopropane explosion. Fortunately there were no sequelae. A spirited discussion followed each presentation.

MAY MEETING

The winter activities of the Manitoba Division will conclude with a Dinner at the Medical Arts Club Rooms on May 5th. A film on Cardiac Resuscitation will be shown.

Election of Officers for the Manitoba Division for the coming year were held on April 7th. The new executive is: Chairman - Dr. Homer Estos, 33 Kingston Row; Secretary-Treasurer, Dr. David Tass, 395 Elm St.

LOCAL BUILDING PROGRAMS

Winnipeg hospitals have an extensive building program underway. Victoria hospital opened a new wing during the past year. Grace and Misericordia Hospitals have each made minor additions. Concordia Hospital expects to open their new 75 bed wing addition in July, and then immediately renovate part of their existing accommodation. The structural steel of the new addition to St. Boniface Hospital is watched with interest by many hundreds of Greater Winnipeg Citizens. The combined Winnipeg General and Children's Hospital Building Fund is well under way. \$8,000,000 is being raised for much needed hospital facilities. It is anticipated that an early start will be made on the foundation.

RECENT NEW APPOINTMENTS

Dr. Lionel F. G. Cruikshank joined the Anaesthetic group at the Winnipeg General Hospital in February. Dr. Cruikshank received his M.B., Ch.B., from the University of Edinburgh in 1945. He was with the Field Ambulance of the Royal Army Medical Corps in Palestine from 1946 - 48, following which he was Registrar in Anaesthesia at St. Luke's Hospital, Bradford. After receiving his D. A. in 1951, he was appointed Junior Anaesthesia Consultant to the Dundee District. He relinquished his post as Consultant in Anaesthesia in the Bradford area on coming to Canada.

Dr. Cruikshank was accompanied by his charming bride, the former Kathleen Abbott who had been a Sister-in-charge at St. Luke's Hospital, Bradford.

Dr. Joan Crane, severed her connection with the St. Boniface Anaesthetic Clinic to become the bride of Dr. Morley Cohen who is a Surgical Fellow at the Mayo Clinic. They are both graduates of the University of Manitoba, Faculty of Medicine.

Dr. Margaret Forster who has spent the past year in Winnipeg with the General Hospital Anaesthetic Department is returning to England in April. She is going to Rugby to the post which she held prior to her year in Canada. Our best wishes go with Margaret on her return home and hope she will long remember her short stay in Canada.

Dr. Donald Huggins was on the Program of the Post-Graduate Refresher Course held under the auspices of the Faculty of Medicine of the University of Manitoba. Pentothal Sodium Anaesthesia was discussed.

THE ONTARIO DIVISION MEET AT NIAGARA FALLS

A very stimulating and enjoyable meeting was attended by approximately seventy Ontario members at the General Brock Hotel, Niagara Falls, on Saturday, April 11th. The Committee in charge was headed by Dr. Robert Stringer of Hamilton, Chairman of the Ontario Division, assisted by Dr. Ralph Probert, Secretary-Treasurer of the Ontario Division. They were ably assisted by a local committee consisting of Doctors Fielding, Wincott and Wrong. The morning program consisted of topics related to Pediatric anaesthesia.

The first paper, presented by Dr. Kenneth Edwards of Kingston, was entitled "Anaesthesia for Plastic Procedures in Infants and Children". Dr. Edwards stressed the important points of physiology relative to the management of anaesthesia for plastic procedures in children. He outlined, in detail, the various techniques and agents available and discussed their application.

In the discussion that followed, Dr. Ivan Junkin, Chief Anaesthetist, Hospital for Sick Children, Toronto, Ontario, discussed in detail the management of these children from the standpoint of fluid and electrolyte balance and blood replacement.

Dr. Robson made valuable comments regarding the proper selection of endotracheal tubes and the proper method of insertion.

The second paper was presented by Dr. Code Smith of the Anaesthetic staff, Hospital for Sick Children, Toronto, who described, in detail, the application of muscle relaxants to Pediatric Anaesthesia, with particular reference to the use of succinyl-choline. The technique of administration was discussed in detail together with methods of assessing the proper dosage. The following items from the dosage table presented might be of value to some readers.

DOSAGE

Anectine	1 mgm. for each 3.5 lbs.
Brevedil	1 mgm. for each 4.5 lbs.
Scoline	1 mgm. per 2 lbs. of bodyweight.

This very valuable presentation was discussed at some length by Dr. Gordon of Toronto, and Dr. Ruston of Hamilton.

Following the morning scientific program, a period was set aside for attendance at the commercial exhibits.

After lunch the first paper was presented by Professor Fernando Hudon, F.R.C.P., Professor of Anaesthesia, Laval University, Quebec City. Professor Hudon presented an extremely stimulating paper, which dealt with a phase of

Anaesthesia which is, as yet, strange to many of us, but what he had to say was received with great interest. The following is an excerpt from the summary of his paper:

"Surgery produces an autonomic nervous phase which is characterized by a shock phase and a counter shock phase.

Shock may be found during the operation, or hours, or days after. The body loses its normal equilibrium and may even collapse into death, but usually the body has a defense reaction which overpasses the equilibrium point and this autonomic answer will bring an endocrine reaction of thalamo-hypophysial origin.

First, the hypophysis produces ACTH which will stimulate the adrenals and produce gluco-corticoids: this is the catabolic phase, lasting two or three days. Then the hypophysis gland will bring about the production of mineralo-corticoids: the anabolic phase starts and will last eight to ten days. The catabolic phase may be longer and both phases may be more or less effected by the aggressions, the hereditary grounds of the patient, etc. Many drugs have been used to cut these reflexes but Huguenard and Lohorit prefer 456ORP (Largactil)."

Professor Hudon then presented a series of 75 cases in which this drug had been used and explained the results in detail.

The second afternoon paper was presented by Dr. Terry of Buffalo, New York, who discussed in detail the various metabolic alterations incidental to controlled respiration. He mentioned the results of respiratory acidosis incidental to Cyclopropane anaesthesia and also discussed the effects produced by hypocarbia resulting from controlled respiration. He concluded his paper with an interesting discussion of some of the newer mechanical devices for the production of controlled respiration in Anaesthesia.

The final item on the program was a round-table discussion on the subject "The Present Status of Conduction Anaesthesia". Dr. R. A. Gordon of Toronto was Chairman, and the members were Dr. Terry of Buffalo, Dr. Hudon, Quebec City, and Dr. Russell Fraser of Hamilton.

At the end of the day about ninety members and their wives enjoyed a cocktail hour and dinner in the Blue Room of the General Brock Hotel. An amusing part of the after-dinner program was the presentation, by Dr. Martin of Oshawa, of a proposed coat-of-arms for anaesthetists. This will be found in another part of the News Letter. Dr. Fielding, as Chairman of the evening's entertainment, then presented Mr. Duff of Welland, who amused and impressed his listeners with a very humorous and eloquent dissertation concerning the old days on the Niagara frontier and many historical items of interest,

which have resulted in the establishment of a state of permanent peace between the United States and Canada.

We all left feeling that we had enjoyed one of the most stimulating and pleasant meetings ever held in this province.

Lieut. Col. N. H. McNally, R.C.A.M.C., addressed the Section of Anaesthesia of The London Academy of Medicine, 18 March 1953. His topic was "Anaesthetic Experiences in Korea and Japan". Col. McNally, recently returned from command of The Canadian Section of The British Commonwealth Hospital in Korea, demonstrated a very wide knowledge of things medical as they pertain to the forces of the United Nations engaged in the Korean Peninsula. The evacuation of the wounded was traced from the front lines in the hills step by step as far back as to the United States and Canada. The anaesthetic problems at each step along this arduous route were explained in great detail by Col. McNally, who spoke from experience gained personally in his earlier days in this campaign. Comparison of the drugs and equipment used by Canadian personnel vs. those at the disposal of the other fighting forces gave a very definite impression that the Canadian equipment and supplies are second to none in that theatre. Later on in the evening Col. McNally spoke briefly on the economic situation in Japan and praised the Occupational Forces for the efficient manner in which they had led the Japanese people back to a position where they may take over their own administration again. The attendance for this meeting was the best of our regular monthly meetings and one came away with the feeling that modern Anaesthesia is proving its worth in strife as well as in peace.

Dr. Elliott Keith of Windsor was recently successful in passing the examinations of the Royal College of Physicians and Surgeons of Canada for certification in Anaesthesia.

The Hotel Dieu Hospital, Windsor, Ontario, was recently enlarged to 425 beds.

The Windsor Metropolitan Hospital now has 300 beds.

QUEBEC MEETING

The Quebec Division held an interesting meeting on March 16th, at the Queen Mary Road Veterans' Hospital, Montreal. The speaker was Dr. George Thomas, Chairman of the Section of Anaesthesiology, University of Pittsburgh, who gave his famous demonstration entitled "Fire and Explosion Hazards in Hospitals and their Control".

The meeting was attended by an audience of 250 people, composed of anaesthetists, post-graduate students, hospital administrators, and operating-room personnel.

Dr. Robert Orange of Sudbury recently made a suggestion regarding the inclusion in future issues of the News Letter of a section entitled "A Mistake I recently Made". The editor will be very glad to receive reports of this kind. The name of the contributor will not be published.

NOUVELLES DE MONTREAL

Le Docteur René Letienne, de l'Hôpital Notre-Dame, et le Docteur Léon Longtin, de l'Hôtel-Dieu de Montréal, ayant passé avec succès leur examens, sont maintenant, "FELLOWS" du Collège Royal Canadien.

FELECIATIONS-.

REPORT FROM THE CHAIRMAN OF QUEBEC DIVISION

La Société Canadienne des Anesthésistes, Division de Québec, a réalisé au cours de l'année 1952-53 un programme qui démontre bien la préoccupation de ses officiers de maintenir toujours très active et très prospère notre association.

Les grandes lignes du programme tracé visaient surtout à organiser des réunions avec démonstrations cliniques et présentation de travaux scientifiques et aussi à créer des contacts sociaux de tous les membres entre eux afin de se mieux connaître, de mieux s'estimer et de resserrer les liens qui doivent unir tous les adeptes de la même spécialité.

Des réunions scientifiques ont eu lieu à Montréal au cours de l'automne dernier et le 7 février le Dr. I. Lapierre a organisé une journée complète à l'Hôtel-Dieu de Lévis. A la suite des démonstrations cliniques dans l'avant-midi, un magnifique lunch fut présenté gracieusement par les Religieuses de l'institution. Dans l'après-midi, les sujets suivants furent traités: Hibernation artificielle:- Dr. I. Lapierre, Hotel-Dieu de Lévis, Syncurine in Obstetrics:- Dr. W. W. Martin, Hop. Jeffery Hale, Transmission Neuro-musculaire et Curare:- Dr. Paul Galibois, Hop. Enfant-Jésus, Anesthésie et chirurgie thoracique:- Dr. J. Paul Déchêne, Hopital Laval.

Une partie de l'après-midi fut consacrée à l'étude des questions d'intérêt professionnel et suivie d'un Forum dont l'animateur fut le Dr. Louis Lamoureux et les participants les Drs. F. Hudon, H. Slater et R. Létienne. La journée s'est terminée par une réception sociale chez le Dr. I. Lapierre suivie d'un banquet au Manoir St. Romuald.

Le 16 Mars dernier, la Division de Québec, avait l'honneur de recevoir le Dr. George J. Thomas de Pittsburg qui nous a donné une causerie et démonstration sur les dangers d'explosion avec les substances anesthésiques dans les salles d'opération. Une assistance très nombreuse s'était rendue à l'amphithéâtre de l'Hopital de la Reine Marie pour cette occasion.

Une autre séance clinique est actuellement en préparation pour le 2 mai prochain, à l'Hopital Royal Victoria, sous la direction du Fr. F. A. H. Wilkinson.

Les membres sont aussi invités à pendre une part active à la réunion annuelle de la Société Canadienne qui aura lieu à Montebello, les 1-2 et 3 juin prochain; plusieurs conférenciers ont déjà accepté de présenter des travaux et un programme très attrayant est actuellement en préparation.

Le Comité chargé d'étudier l'opportunité d'une incorporation provinciale s'est réuni à plusieurs reprises et a préparé un plan de charte qui a été soumis aux membres de l'Exécutif. Il reste à déterminer de la nécessité d'une nouvelle incorporation lorsque la Division de Québec est déjà enregistrée dans la Province de Québec et a les pouvoirs de transiger avec les corps publics.

Des représentations ont été faites auprès des compagnies d'assurances-maladie afin de faire reconnaître les soins donnés par l'anesthésiste comme des services professionnels et non des services hospitaliers dont les honoraires sont compris dans les montants alloués pour les services spéciaux qu l'hôpital reçoit. Les résultats de ces démarches n'ont pas été très satisfaisants jusqu'à présent parce que les compagnies d'assurance n'ont porté que peu d'attention à cette demande. Il serait désirable que tous les anesthésistes et tous les groupements médicaux se concertent ensemble pour faire une pression auprès des directeurs médicaux de ces compagnies afin d'obtenir un traitement juste et satisfaisant et pour l'hôpital et pour l'anesthésiste.

Une invitation pressante est faite à tous les anesthésistes, en pratique active ou en stage d'étude, pour faire leur application comme membres de la Société Canadienne d'Anesthésie. A la dernière réunion de Lévis, 10 nouveaux membres ont été proposés et nous espérons que la prochaine réunion nous en apportera un nombre encore plus grand. Des formules d'application peuvent être obtenues des officiers de votre Association.

Le Dr. Roland Duchesne a présenté un travail sur l'hypotension contrôlée en chirurgie à la réunion des anciens résidents de Hartford en novembre.

Nos sympathies à nos deux confrères, les Drs. Lucien Rinfret et Marcel Plamondon, à l'occasion de la mort de leur oncle Mgr. Alexandre Vachon, Archevêque d'Ottawa.

Le Dr. L. F. Sirois poursuit son entraînement de trois années en anesthésie, à l'Hopital St. François d'Assise, sous le contrôle du Dr. R. Duchesne.

Les Drs. W. W. Martin de Québec, Gaston Simard de Baie-Comeau et

Florian Poirier d'Edmunston, N.B. font un stage d'étude post-scolaire dans les service d'Anesthésie de l'Hopital de l'Enfant-Jésus sous la direction du Dr. Eug. Allard.

La Société d'Anesthésie de la Ville de Québec tiendra une réunion régulière à la Maison des Anciens de Laval le 14 Avril. Le sujet à l'étude sera: L'anesthésie obstétricale et les effets sur le foetus.

Plusieurs postes de résidents en anesthésie sont libres pour la prochaine année scolaire dans les hopitaux de la ville de Québec.

Lectures on Anesthesia are held every Monday of the week, (the year around) at 7:30 p.m., under the supervision of Dr. F. Hudon, at the Hotel-Dieu of Quebec.

Drs. Marcel ~~Clavet~~, J. P. Dechene, Yvon Sormany and Giles Piche of the Post-Graduate Course in Anaesthesia of the Hotel-Dieu of Quebec, have recently obtained by examination their certification as specialist in Anaesthesia from the Royal College of Physicians & Surgeons of Canada.

Dr. Michel Noblet of Nantes, France is attending the Post-Graduate Course of Anaesthesia of the Hotel-Dieu of Quebec.

Dr. Andre Jacques, F.R.C.P.(C), Associate professor of anaesthesia, Faculty of Medicine, Laval University has recently delivered a series of twenty-four lectures on pharmacology at the Faculty of Medicine, Laval University.

Dr. P. Laughrea from Black Lake, P.Q., former anaesthetist, at Saint-Joseph's Hospital in Thetford Mines is presently completing a Post-Graduate Course in Anaesthesia at the Hotel-Dieu, in Quebec City.

Dr. R. W. Ballem, Secretary of the Nova Scotia Division, sent along an interesting letter containing the following matters of interest:

At present, the Victoria General Hospital has a staff composed of six certified anaesthetists, one resident under training, and two internes attached to the service for a period of one month. Due to the fact that, at least, 65 per cent of the work done in this hospital is public, the Province pays each staff member an honorarium for work on the public service. Private work is done on an individual basis with direct fee for service.

At the present time, three members of the Department have extra University appointments as demonstrators, two in the Department of Anatomy, and one in the Department of Pharmacology, with two appointments pending in the Department of Physiology. This is an attempt to bring the pre-

clinical and the clinical work closer together and to aid in supplying residents with training in the basic sciences as is required for qualification.

Last year, the staff of the Victoria General Hospital provided two post-graduate courses in Anaesthesia for interested general practitioners throughout the Maritimes. These are usually three day meetings, the scientific programs provided by members of the local staff as well as visitors. An interesting part of these programs is the practical experience given to people taking the Course. Arrangements are made for people taking the Course to obtain practical experience in the operating rooms, under supervision, by administering anaesthetics during the morning hours. This excellent plan is made possible by the large number of public ward patients in the hospital. The scientific programs are then conducted in the afternoons.

NEWFOUNDLAND LETTER

In reply to a letter requesting news for this periodical, your editor received a long epistle from his friend, Dr. C. D. Kean of St. John's, Newfoundland. Following are some excerpts from the letter:

"At the General Hospital in St. John's, we have a staff composed of three certified anaesthetists and two housemen, as well as two or more graduate nurses doing anaesthesia. One of the nurses has been doing Anaesthesia for 13 years, and is exceptionally capable.

Dental anaesthesia in the city is done by most of the general practitioners and Nitrous Oxid is the anaesthetic of choice, and in a few instances Open Ether and Chloroform are still being used.

In the three general hospitals, here, four certified anaesthetists do the bulk of the work, although a few general practitioners give anaesthetics when extra surgery has to be done.

In the cottage hospitals, scattered over the Island, (some seventeen in all) registered nurses do most of the anaesthesia. They are given a course in Anaesthesia at the General Hospital in St. John's before returning to their community hospitals.

Dr. Kean states that in his opinion the next few years will see great changes in the field of Anaesthesia in Newfoundland, and that the men will commence to do anaesthesia only and leave general practice to other members of the profession. At the present time, there is no research work being carried on in the Island.

Dr. Kean is also glad to report that, at the present time, there are two younger men who are preparing themselves to return to Newfoundland to practise their specialty.

Dr. Norman Urie (Queen's '51) is Senior in Anaesthesia at the Hotel Dieu Hospital, Kingston. He will continue his training as a student of the McGill Diploma Course, commencing July 1st.

Dr. V. A. Nekus, at present on the McGill Diploma Course, will become a member of the Staff in Anaesthesia, Hotel Dieu Hospital, Kingston, commencing January 1st, 1954.

Dr. Fred Lapp, Resident Anaesthetist, Kingston General Hospital, will leave July 1st, to practise his specialty at Chalk River.

Dr. Charles Egan, M.B.E., Kingston, is completing his anaesthetic training as resident in Broncho-Oesophagology, at the Chevalier Jackson Clinic in Philadelphia.

The Angada Children's Wing, Kingston General Hospital, was opened by the Lieutenant-Governor of Ontario, in April.

Dr. Vivian Morton is practising Anaesthesia in Saskatoon.

Dr. Mary Anna Nicholson has returned to practise Anaesthesia in Saskatoon.

Captain Earl Russell, R.C.A.M.C., recently returned from Korea and Japan, is now anaesthetist at Kingston Military Hospital.

Lieutenant-Colonel Norman McNally returned from the Far East in December and has been posted to London, Ontario, as Area Medical Officer.

Dr. Ronald K. Cumming of the Children's Memorial Hospital, Montreal, is starting the private practice of Anaesthesia in Ottawa, May 1st, and will be on the staff of the Ottawa Civic Hospital.

Dr. R. H. Ferguson, now a resident at Children's Memorial Hospital, Montreal, has been appointed to the staff of the Department of Anaesthesia effective July 1st.

Dr. H. M. Slater recently spoke to the Faculty of Dentistry, University of Toronto, on Dental Anaesthesia with Demonstrations in the Clinic.

Dr. H. M. Slater, ^{Montreal} in conjunction with the Department of Dentistry, Children's Memorial Hospital, Montreal, is preparing a coloured movie film depicting all aspects of Dental Analgesia and Anaesthesia.

Dr. Robert Daymond attended the Convention of the Western Section of the Canadian Anaesthetists' Society, held in Winnipeg, February 26th, 27th, and 28th.

Dr. Isabel Patterson is now doing Obstetrical Anaesthesia in both hospitals in Regina and will be confining herself to this type of practice.

The Section of Anaesthesia, Ontario Medical Association, will hold its annual meeting in Toronto, on Thursday, May 14th. This is an afternoon meeting only and will be divided into scientific and business sessions, with a social hour following. There will be two papers. The first will be given by Dr. Douglas Best of Hamilton, entitled "Anaesthetic Emergencies". The second will be given by Dr. Norman Park of Toronto. His subject will be "Pediatric Anaesthesia".

The new improved plastic oxygen humidity hood for infants and children which was developed by the Department of Anaesthesia, Children's Memorial Hospital, Montreal, is now available through a Canadian manufacturer. This tent has been exhibited both in Canada and the U.S.A. during the past two years and has been favourably received. Further information is available from the Department of Anaesthesia, Children's Memorial Hospital.

PROPOSED NEW ANAESTHETIST'S CARRIAGE

Mr. John Globe, Superintendent of Metal-Craft Industries Limited of Grimsby, Ontario, is an enterprising manufacturer of hospital equipment, and recently remarked to your Editor that the present Anaesthetists' Tables being produced have not been re-designed for at least twenty-five years. Several plans have been submitted by members, but Mr. Globe would like more ideas and in the form of sketches, if possible. Upon receipt of this assistance, Mr. Globe promises to design and build a much improved item that will be available at a minimum cost.

Please send your suggestions to the Editor.

INTERESTING CASES

Dr. Donald White of Ottawa reports two cases of cardiac arrest occurring within a period of four weeks.

Case #1. Gastrectomy under Intratracheal Anaesthesia (agent not reported). The cardiac arrest occurred during the operative procedure and was diagnosed by sudden disappearance of the cardiac impulse. The activity of the respiratory centre continued. The surgeon massaged the heart through the diaphragm for a period of two and one-half to three minutes, after which time the heart rate apparently returned to normal. The patient's recovery was uneventful and there was no post-operative evidence of any degree of cortical damage.

Case #2. Thyroidectomy under Intratracheal Anaesthesia (agent not defined). This patient was a heavy set man of 57 who was intubated after induction with a curare pentothal mixture. The intubation was easy and autramatic. Immediately after connecting the intratracheal tube to the machine the anaesthetist noticed that the patient's heart had stopped. The surgeon was just getting into his gown and gloves. The chest was opened immediately and the heart massaged. The surgeon reported that he felt a weak cardiac impulse as he commenced the massage. Normal contractions occurred almost immediately after commencing cardiac massage. The anaesthetist reports that the time interval between diagnosis of the episode and the recommencement of the heart could not have been more than three minutes, although the patient remained apnoeic for a period of fifteen minutes. After the cardiac emergency was over, the patient was left on the operating table for a period of one hour, at the end of which time he regained consciousness. The attending anaesthetist reports that the patient has been well ever since with no evidence of amnesia or any other sign of cerebral damage. Another interesting point is the fact that this man was not cyanosed at any time, nor did his pupils dilate.

NEWS AND NONSENSE

This poem, the work of an anonymous poet of great talent, was read at a Reunion Dinner of the Department of Anaesthesia of the Hartford Hospital, November 5, 1952, with Dr. Ivan Magill as guest of honour. Dr. Ruth Whitfield came from Hartford to Kingston and showed it to your Editor. It is reprinted here with minor unimportant variations and without permission, but with profound appreciation.

INTUBING HOUR

Between induction and cutting
When the surgeon's beginning to glower
Comes a pause in the smooth anaesthesia
Which is known as 'intubing hour'.

I hear in the hallway behind me
The tramping of manly feet
The sound of a door that is opened
And voices soft and sweet.

O'er my shoulder I see in the hall-light
Come singly, by threes or by pair
Grave chief or bouncing senior
or junior with startled air.

A whisper and then a silence
And I see in their knowing eyes
They are plotting and planning together
The anaesthetist to surprise.

With quiet approach from scrub-room
Or dignified ingress from hall
By resident left unguarded
They glide round the O. R. wall.

They usurp the poor fellow's turret
He is forced to surrender his chair
If he tries to escape, they surround him --
They really are everywhere.

They almost devour him with kindness
Their arms round his neck entwine,
With laryngoscope lighted in one hand
While the other pulls neck into line.

The vocal cords pop into vision
Stretched taught as two fascial bands
And a tube -- curved, soft, and of rubber --
Is placed in the resident's hand.

Sinks now the room into quiet
The nurses and surgeons quake
The patient with face become livid
As though she were never to wake.

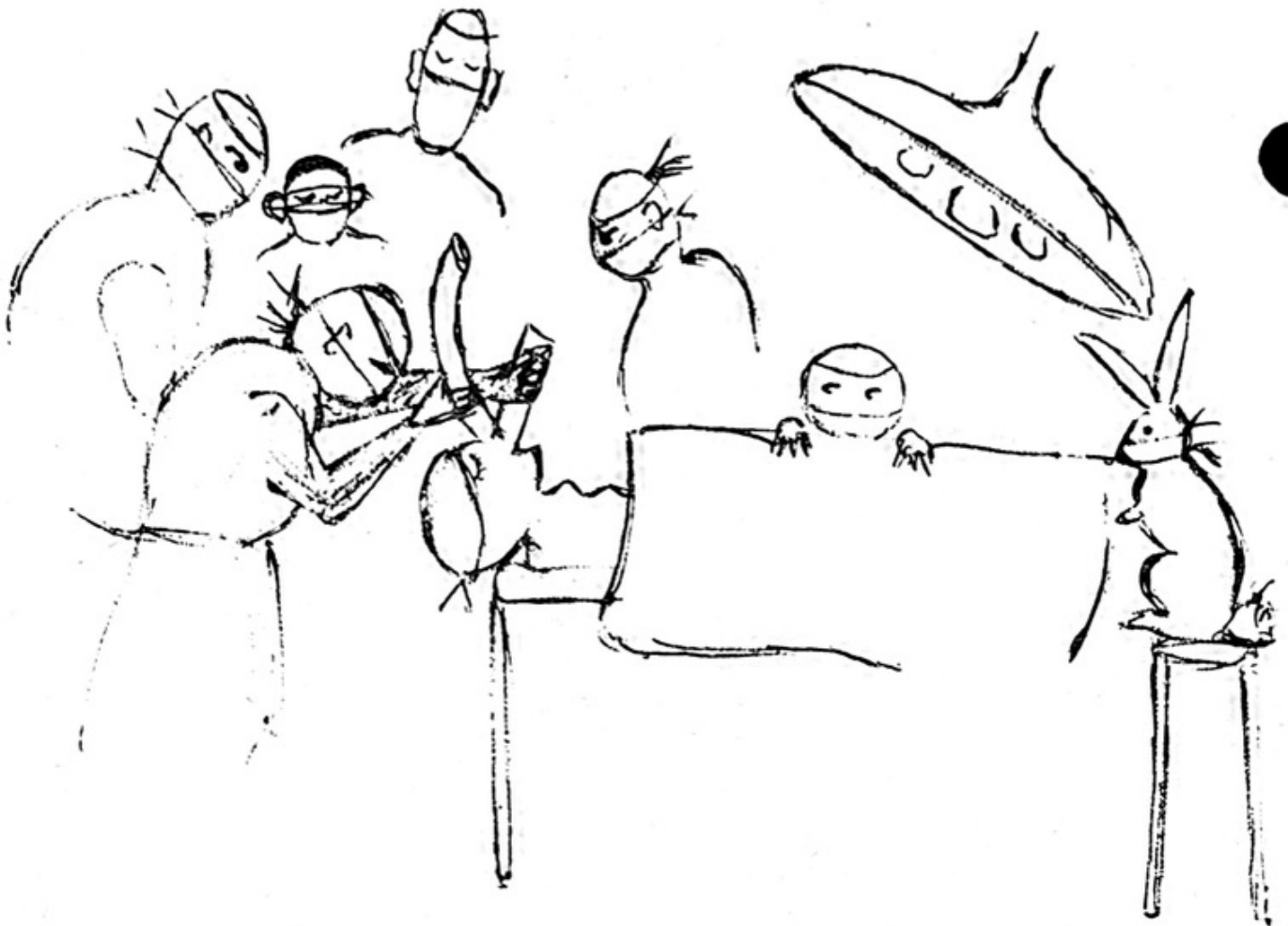
For this is the moment of crisis
Yes, this is the hour so sublime
When the rookie, so long in training,
Must render account of his time.

With honeyed words they advise him
And with council soft as pap,
For now is the time for action
Which marks the MAN from the SAP.

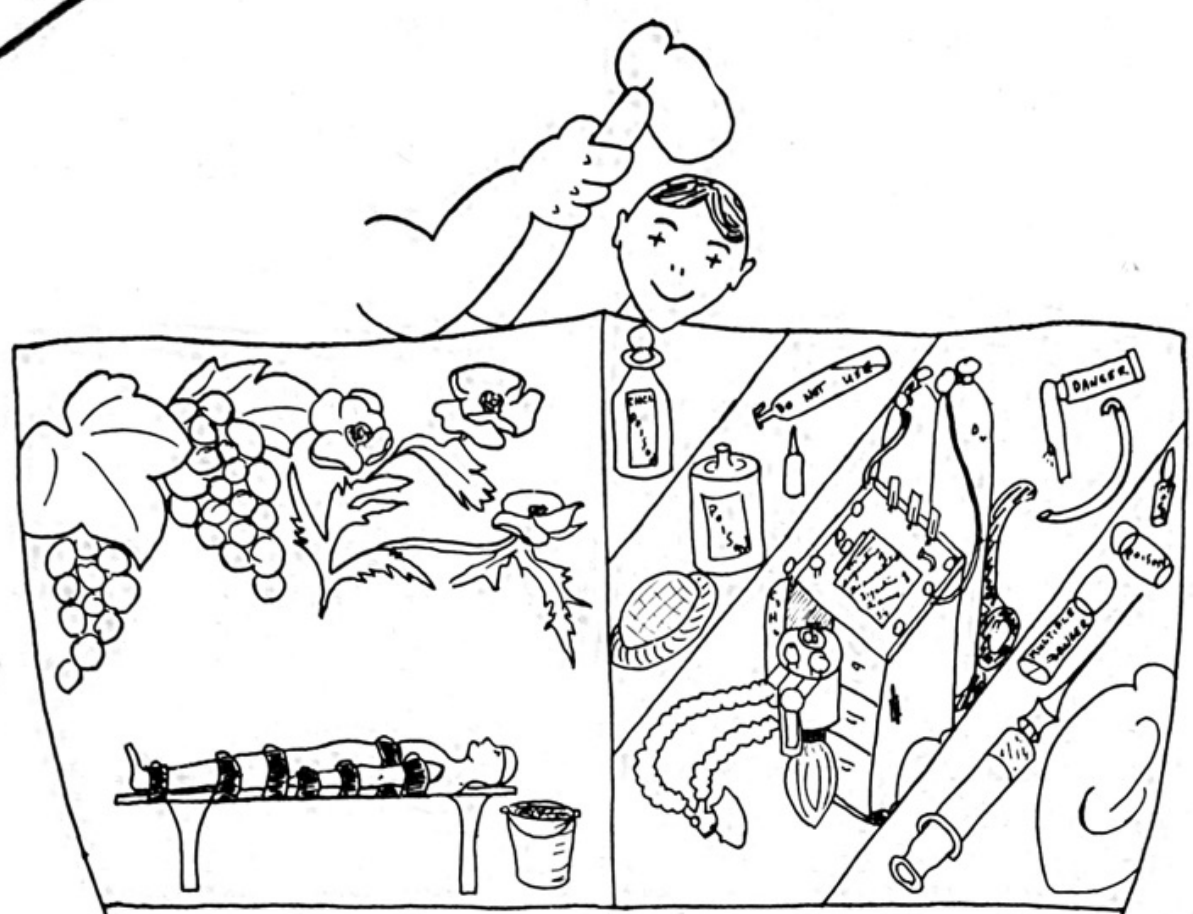
Hark! A sibilant "whoosh" from the tubing
The surgeon-cynic sighs,
The nurses thread needles gaily
And joy lights the Mentor's eyes.

Blithely they trip from the O. R.
With contentment sated are they --
By advice of their best, freely offered
A larynx was raped to-day.

So they trip down the corridor lightly
Free of care, and full of good will,
And shaking hands gaily on parting
Say, "Blest be the name of Magill".



2 7/8 x 4"



NE ILIGI TEMI CARBORUNDUM!

Finished cut
with box all around
to be 2 7/8 x 4"

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ANAESTHETISTS ESCUTCHEON

Designed by Homer B. Martin

This escutcheon is especially designed for his friends the anaesthetists by Mr. Martin, who is forced to bear with them.

In looking over our geneology, it will be seen that this shield, which is divided in three, represents the past, the present and the future of anaesthesiology. The shield is surmounted by a device which depicts a universal form of anaesthesia.

In the upper left section, on a field of blue, the colour of exploration, will be seen the grape and the poppy under whose influence the recumbent figure is strapped to a table and thereafter relieved of buckets of blood.

In the upper right section, on a diagonally striped field of green and white, the colours of life and hope, is a representation of the present state of anaesthetic affairs. The first panel of this field is a bottle of Chloroform appropriately labelled Poison. The next panel depicts Ether, Vinithine and Ethyl Chloride. In the central panel is a modern gas machine, laryngoscope and endotracheal tube, complete with pen and patient's chart, upon which there is no room for anything but the patient's name and anaesthetist's signature. In the lower right hand panel, the position of importance is assigned to the new interest in spinal anaesthesia with Pentothal and other anaesthetic ad-

In the lower division, representing the future of anaesthesia, on a blood-red background, you will notice that the Anaesthetist has assumed his proper place in the foreground, with the surgeons standing well in the rear. The blood pressure cuffs are attached, on the right-hand side, to the surgeons, showing their usual hypertensive state, while the one on the left-hand side is attached to the Anaesthetist depicting his calm control of the situation. The palor of the hard working Anaesthetist is in sharp contrast to the Florida tan of the surgeons. As the blood drips slowly from the bottle, it underlines the motto - "Ne Illigitemi Carborundum!" which in free translation means - "Never let the bastards grind you under."