

THE CANADIAN ANAESTHETISTS' SOCIETY



NEWS LETTER

Editor

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From The Secretary's Office

The Annual Meeting of 1953 is now history, and proved to be both profitable and relaxing for the 92 members and medical guests who attended. The many excellent papers and round-table discussions which formed the programme of the meeting will appear in the near future in the "Proceedings" of the Society.

On the occasion of the General Meeting of June 2, 1953, the Secretary presented to the Society, on behalf of Mr. A. Charles King, Honorary Member of the Society, a museum replica of John Snow's Ether Inhaler of 1847. This presentation was received by the President, Dr. Georges Cousineau, and it was decided by the meeting that the Inhaler should be placed in the museum of the Academy of Medicine, Toronto, for a period of one year — its future disposition to be determined at the Annual General Meeting of 1954. The academy of Medicine, Toronto, has accepted custody of the Inhaler on this basis, and it has been suitably engraved to record the presentation by Mr. King.

News Items of Interest

ANNUAL MEETING 1954

Plans are now in the making for the Annual Meeting at the Hotel Vancouver, Vancouver, B.C. on June 14 and 15, 1954. It is the hope of the Programme Committee that members wishing to present papers at this meeting will forward particulars to the Secretary at an early date. Final details of programme must be arranged before the first Sunday in March, 1954, when the Council of the Society meets.

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Members will be pleased to learn that Doctor and Mrs. Wesley Bourne, who have spent the past 18 months in Paris, are expected to sail for home on the Queen Elizabeth on October 8th. During the past year, Professor Bourne has been acting in an advisory capacity in French Universities for the purpose of establishing better undergraduate and postgraduate instruction in Anaesthesia.

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Dr. Shirley A. Fleming has joined the staff of the Toronto General Hospital and the Department of Anaesthesia of the University of Toronto, and has become a partner in Anaesthesia Associates, Toronto. Dr. Fleming was previously on the staff of the Women's College Hospital, Toronto.

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Dr. J. S. Whalen, formerly of Sudbury, Ontario, has been appointed to the staff of the Hospital for Sick Children, Toronto.

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Dr. Stuart L. Vandewater, recently McLaughlin Fellow in the Department of Anaesthesia, University of Toronto, has been appointed to that department, and to the staff of the Toronto General Hospital.

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Dr. John Blair has been appointed Resident Anaesthetist at the Toronto General Hospital.

Dr. Doreen Caplan has been appointed Resident Anaesthetist at the Hospital for Sick Children, Toronto.

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Dr. Stanley Zeglan has been appointed to the Anaesthetic staff of St. Michael's Hospital, Toronto.

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Dr. Norman Scott, formerly of Montreal, has joined Anaesthesia Associates of Peterboro.

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Dr. R.A. Gordon of Toronto was guest lecturer at the post-graduate refresher course in Anaesthesia at Dalhousie University, Halifax, held May 6th to May 9th, 1953.

WESTERN CANADIAN ANAESTHETIST RETIRES

Dr. David Campbell Aikenhead, Director of the Department of the Winnipeg General Hospital and Assistant Professor of Surgery (Anaesthesia) of the Faculty of Medicine, University of Manitoba, retired in July of this year.

Dr. Aikenhead was born and educated in Manitoba, graduating from the University of Manitoba Medical School in 1920. He became Director of the Department in 1934. These thirty-three years were fascinating ones. Dr. Aikenhead has seen our specialty grow from infancy when the surgeon would say to the anaesthetist, "You may stop the ether now". He has always been among the first to use each new agent, or technique evaluating it in the light of his vast experience.

The teaching of Anaesthesia, both undergraduate and post-graduate was one of Dr. Aikenhead's interests. Many medical personnel in Western Canada learned the fundamentals of sound anaesthesia from Dr. Aikenhead.

He was one of the early members of the Anaesthetic Study Club which held its final meeting in Rochester in 1952. He was President of the Winnipeg Anaesthetic Society on numerous occasions. Service on various committees finally culminated in his being elected President of the Manitoba Medical Association in 1945.

The Royal College of Physicians and Surgeons of Canada honored Dr. Aikenhead in 1951, naming him as one of the first four Fellows in Medicine (Anaesthesia). He had on several occasions served as examiner in the Certification in Anaesthesia examinations of the Royal College.

Dr. and Mrs. Aikenhead are now living in Burlington, Ontario, on the shore of Lake Ontario. The latest news tells of his gardening, pruning fruit trees, and enjoying life to the full.

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Dr. Ruth Whitfield, Queens, '49, recently completed the McGill Diploma Course in Anaesthesia and has joined the group of Anaesthetists of the Winnipeg General Hospital.

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Dr. Homer Eshoo has joined the group of Anaesthetists of the Winnipeg General Hospital. He was formerly Anaesthetist at St. Joseph's Hospital, Winnipeg. This latter hospital is closing after many years of excellent work.

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Dr. John Davies has joined the group of Anaesthetists of the Winnipeg General Hospital. Most recently he has been connected with the Montreal Neurological Institute, Department of Anaesthesia.

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Dr. Eric Dobbs has accepted a position with the Department of Anaesthesia of the University Hospital, Edmonton, Alberta. The good wishes of the Anaesthetists of Winnipeg go with you Eric.

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In July, the Honorary Attending Staff of the Winnipeg General Hospital paid tribute to Dr. D.C. Aikenhead on his retirement. A dinner was held in the Fort Garry Hotel. Drs. H. Coppinger, P.H.T. Thorlakson, C.W. Burns, W. Gardner, and Donald Huggins expressed to him the sentiments of the gathering. A presentation was made to the guest of honor.

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The members of the Winnipeg Anaesthetists Society and their wives honored Dr. and Mrs. Aikenhead on the eve of their de-

parture for the East. A presentation of a travelling bag was made to Dr. Aikenhead and a bouquet of roses to Mrs. Aikenhead. The "Aikenheads" have invited all the Winnipeg Anaesthetists to visit them in their new home in Burlington.

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Dr. David Tass attended the annual meeting of the American Society of Anaesthesiologists in Seattle.

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Dr. David Sherman of the St. Boniface Anaesthetic Clinic left Winnipeg in mid-October and is now in group practice associated with the General Hospital, Rochester, New York.

NOUVELLE DE LA VILLE DE QUEBEC

La société d'anesthésie de la ville de Québec et des environs a choisi son bureau de direction pour l'année 1953-54.

Les officiers sont le Dr. Eug. Allard, président, le Dr. W. Martin, 1^{er} vice-président, le Dr. Roland Duchesne, 2^{ième} vice-président, le Dr. Adéline Comeau, secrétaire. Les directeurs sont les Drs. G. Courchesne de Québec, Paul Plourde de Montmagny, E. Blais de Chicoutimi et le Dr. I. Lapierre de Lévis.

La Société tient régulièrement ses réunions le 1^{er} mardi de chaque mois à la maison des anciens de Laval. Il y a à chaque séance, présentation de travaux scientifiques, observation de cas spéciaux et cette année, une question d'économie importante sera étudiée à savoir les plans d'assurance santé de certaines compagnies qui ont des plans mal définis et laissent leurs abonnés sous une impression fausse ou douteuse qu'ils paient les honoraires des anesthésistes lorsqu'en réalité ils n'accordent rien ou rémunèrent que partiellement les anesthésistes pour leurs services professionnels.

Cette Association est très active et l'intérêt manifesté par les membres aux dernières séances laisse entrevoir une année très prospère.

L'Hopital Laval de Québec vient de recevoir un octroi très

important pour le développement de l'anesthésie en chirurgie pulmonaire. C'est en reconnaissance de la compétence et des bons services du Dr. J.P. Deschène, anesthésiste à cet hôpital.

Le Dr. Roland Duchesne, chef anesthésiste à l'Hôpital St. François d'Assise a été nommé récemment surintendant médical de son hôpital. Nos félicitations.

NEW BRUNSWICK LETTER

Dr. G.V. Parsons of Moncton reports an increase in the schedule of anaesthetic fees by the Workmen's Compensation Board of that province. They previously paid \$7.50 for minor cases, and \$10.00 for anaesthetics for major procedures. This has been increased to \$15.00 for the first hour, with \$2.50 for each succeeding quarter hour.

Dr. Parsons also reports the opening of a new 210-bed general hospital in Moncton, which has included many improvements, including piped oxygen and suction, and a fully equipped 8-bed Recovery Room.

DOCTOR HARRY E. ROBINSON - A DEPARTED COMRADE

The members of our Society will be grieved to learn of the death of a well known and popular member of Council, in the person of Harry Robinson. He has left us at the age of 43, when his future seemed so bright, when there was so much for him to do for his family, his colleagues and his students. But, his final illness was accepted with calmness and courage, and it is not for us to ask why it should be so.

Harry was born in Washago, Ontario, and grew up as the youngest of a large and happy family of fine people. He made many friends there and although his career took him elsewhere, he returned whenever possible to enjoy a visit with his sisters, brother, and the friends of his boyhood. He attended Orillia High School, and studied for his senior matriculation at Oshawa Collegiate. After entering

Medicine, at the University of Toronto, he lived for most of his student years at the Phi Gamma Delta House. After graduation in 1937, he spent two years on the house staff of St. Michael's Hospital and then decided to do some general practice. There was an opening in Brampton and he became a popular and respected member of the medical community there. In 1940 he married Dorothy Barr of Cleveland, Ohio. Their happiness was obvious to everyone who knew them.

He enlisted in the R.C.A.M.C. in 1942, and was soon selected for his ability as an anaesthetist and trained by Doctors Wesley Bourne, Harold Griffith, and Digby Leigh as a student of the course for medical officers at McGill University. Following a period as anaesthetist at Petawawa Military Hospital, he went overseas with No. 21, Canadian General Hospital. After returning home he remained with the Department of Veteran's Affairs at Christie Street Hospital, and in 1947 was offered a staff appointment at St. Michael's Hospital and a teaching post in the Faculty of Medicine, University of Toronto.

The responsibilities that go with such positions were met and enjoyed. He knew his work, his patients were always treated as individuals with whom he maintained a pleasant personal contact. He possessed a simple, unhurried, yet efficient type of technical skill at his work. Practical instruction in the operating-room was always a pleasure to him. He taught in a simple, direct way and did not confuse his students with non-essentials nor did he lose the points in his teachings by resorting to controversial dissertations. There was no selfishness in his practice. Many mornings he spent on difficult ward cases to which he devoted absolute and unselfish care.

In our Society, he accepted his duties as his turn came up. He was on the executive and was later President of the Section of Anaesthesia of the Ontario Medical Association, and more recently an active member of the Council of our Society. For a time he was editor of the News Letter.

Harry was conscientious of his obligations to attend meetings and his frequent attendance at such functions resulted in his being well known and liked across this country and in the United States.

His carefree and congenial disposition, his gentlemanly manner, his sincerity and thoughtfulness of others earned him many

friends. These friends knew what he believed in. He was convinced that in order to provide efficient hospital and community services, an anaesthetist should devote his full time to the practice of his specialty whenever possible, and the rest of the profession should respect this attitude. He believed in unselfish and time-consuming attention to teaching and was genuinely concerned about the provision of expert anaesthetic care for the obstetrical patient. He gave unselfishly of his time and energy to obstetrical anaesthesia, probably to the detriment of his health.

We will all be saddened by the loss. Those who knew him best will feel it deeply, but time will heal the grief and his memory will remain as a pleasant inspiration to his colleagues.

To Dorothy and Roger, we extend our deepest sympathy.

*When for a while we part
This thought will soothe our pain,
That we shall still be joined in heart
And one day meet again.*

OBITUARY

Dr. Irving R. Bell

It is with regret that we record the death of Doctor Irving R. Bell, of Edmonton, on 9th May, 1953. Dr. Bell was an Honorary Member of the Society, and was the first to administer an anaesthetic to a human patient using di-vinyl ether.

ALBERTA LETTER

Doctor Frank Fish, Chairman of the Alberta Division reports that there is not much activity there at the present time, although a meeting is being planned for late in September.

He does remark, however, that he might make a contribution to a column, "A Mistake I Recently Made" and that his contribution

would be a personal one and would concern his decision to enter Anaesthesia as a means of sustenance in his retiring years. As he says, "This was probably on the basis that it was a sitting down job, and would afford me more rest in my later years. I find, however, the practice of this specialty is perhaps more arduous than I had dreamed and I find myself, at the end of the day, more tired out than I would be doing general practice. Anyway, I would not have it changed for any other specialty."

A MISTAKE I RECENTLY MADE

Did you ever make the mistake of administering a muscle relaxing agent to a total arthritic, and then try to insert an endotracheal tube? Well, I did. Don't try it! It won't work — no, not even by blind intubation.

This patient had practically every joint in her body ankylosed. Was bed-ridden for many years and now had to have a Cholecystectomy. An endotracheal gas anaesthetic was contemplated, but the rigid neck and deformed cervical vertebrae (felt at the time of blind intubation) made this procedure impossible. Then more relaxant was given and a four hour period of apnoea followed. This meant that I had to remain with the patient for four hours, giving oxygen, following which she made an uneventful recovery, but left me with a dozen extra gray hairs.

The answer may be that bed-ridden arthritics suffer from some degree of myasthenia.

A few months later, this patient had to have another operation for a different condition and did well without a relaxant.

NEWS ITEMS FROM THE ALBERTA DIVISION

Dr. M. Yates has moved to Victoria, B.C. to join Dr. Duck and associates, at the Royal Jubilee Hospital.

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Dr. Sheila A. Murphy has completed her residency at the New England Centre Hospital at Boston and has joined the staff of the University Hospital, Edmonton.

Dr. Eric Dobbs, formerly of Winnipeg, has joined the staff of the University Hospital, Edmonton.

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We are also pleased to hear that the health of our friend, Ernie Watts, is much improved and he is now working full time with Dr. Paul Causey in Phoenix, Arizona.

QUEBEC MEETING OF THE INTERNATIONAL RESEARCH SOCIETY

Chateau Frontenac, Quebec City, October 26th - 29th, 1953

It is to be hoped that there will be a good representation from our Society at the above meeting. It is regretted that this News Letter will reach our membership rather late for effective advance publicity and for that reason we are not publishing the program in itemized detail.

The Editor would like to say, however, that the program promises to be an excellent one, and should contain much of interest and value to our members. Most of the subjects listed will be of practical interest to us all.

As usual, Mrs. McMechan is arranging an interesting and pleasant program for the ladies.

PLANS FOR A WORLD FEDERATION OF ANAESTHESIOLOGISTS

by Harold R. Griffith, M.D.

On June 15, 1953, Rolland Whitacre of Cleveland, T. Harry Seldon of Rochester, Minn., A. William Friend of Akron, and I left Montreal, via B.O.A.C. Stratocruiser, for a two week "tour" of France Belgium, England and Scotland. The immediate purpose of the trip was to attend a meeting of the Interim Committee on the Establishment of an International Organization of Anaesthetists, which was ap-

pointed at the Anaesthesiology Congress in Paris, in 1951, and of which I am Chairman. Since Whitacre and Seldon had never been abroad, before, I thought we should see as much as possible, so every minute of our time was filled with professional contacts, entertainment and sight-seeing, as well as the sessions of the Committee.

We had a pleasant flight over the Atlantic, missed our connections in London, but managed to arrive in Paris later in the afternoon, via a Brazilian plane, in time for a magnificent reception and dinner by Parisian anaesthetists at "Le Doyen" in Champs Elysees. We were delighted to find Wesley and Sara Bourne well and happy after a year in Paris. Doctor Bourne has been able to accomplish much in stimulating interest in better anaesthesia among surgeons, basic science teachers, and the anaesthetists themselves. In medicine, the French are just as individualistic as they are in politics, and it is not easy to get united opinion. Nevertheless, I found a much better spirit among the French anaesthetists than was apparent when we were there two years ago, and I am sure Doctor Bourne's presence has been responsible for some of this change. Anaesthesists are now in the majority in the French Societe d'Anesthesiologie, and are taking over control from surgeons. It was a great pleasure for me to meet again many French colleagues.

The next morning at Hopital Vaugirard we saw Doctor Huguenard conduct "hibernation" anaesthesia with a combination of drugs plus refrigeration, and we visited and admired Doctor Genevieve Delahaye's department at the ultra-modern Clinique Marie Lannelongue.

The next morning we flew to Brussels via "Sabena", the Belgian Air Line, and were comfortably housed in the Hotel Metropole. The first meeting of our Committee convened at 2:30 p.m. at the "Domus Medicorum" rue de Ten Bosch. Doctors Goldblat, Reinhold and Van de Walle, our Belgian hosts, had made most satisfactory local arrangements for the sessions, with a commodious meeting room, good secretarial assistance and a large supply of coffee. We were welcomed, officially, by Doctor Nokerman of the Belgian Ministry of Health, and, in reply, I was able to assure him that our present visit to Belgium was in much happier circumstances than my last one in 1915-1916. After these preliminary formalities, which were in French, the work of the Committee proceeded in English, as this was the only language common to everyone present, and our Belgian hosts were perfectly tri-lingual. Roll call and introductions

showed the following anaesthetists present:

1. The original Interim Committee consisting of John Gillies of Edinburgh; Torsten Gordh of Stockholm; Jacques Boureau of Paris; A. Goldblat of Brussels, as Secretary; and myself, as Chairman.
2. Others invited in order to make the proceedings more representative:

Doctors Whitmore, Seldon and Friend, representing the International Anaesthesia Research Society; Doctors W.A. Low, Geoffrey Organe and R.P.W. Shackleton of London, representing the Association of Anaesthetists of Great Britain and Ireland:

Doctor Ritsema Van Eck of Gronigen, representing the Netherlands Society of Anaesthesiologists:

Doctor Ellis Gillespie of Melbourne, representing the Australian Society of Anaesthetists:

Doctor Wesley Bourne of Montreal, representing the Canadian Anaesthetists' Society:

Doctor E. Ciocatto of Turin, representing the Italian Society of Anaesthesiology.

3. Doctor J.F. Delafresnaye of Paris, Secretary of the Council for International Organization of Medical Sciences, attended and was most helpful with suggestions and advice. The C.I.O.M.S., which is sponsored by UNESCO and W.H.O., also assisted financially toward travelling expenses of some of the delegates.

The first item on our Agenda was the report of a survey of all known societies of anaesthesiologists in the various countries of the world. We had reports of organized societies in Argentina, Austria, Australia, Belgium, Brazil, Canada, Denmark, Finland, France, Germany, Great Britain and Ireland, Italy, Netherlands, New Zealand, Norway, Philippines, South Africa, Spain, Sweden, Switzerland, and the United States of America. We know, also, that there are societies in several other countries, such as Cuba, Mexico, Chili, Israel, India and Portugal. In all, there were reports of over

7,000 members in these national societies. It was noted that 5,719 of these members are in the six English-speaking countries, as follows:

United States	4,000 (approx.)
Canada	490
Great Britain & Ireland	888
Australia	172
New Zealand	95
South Africa	74

The sessions went on for two and a half days. Discussion was frank but harmonious, and all decisions were arrived at by unanimous agreement. I have never attended a meeting where there was so sympathetic an understanding of each others problems, and where there was such a determination to arrive at a mutually helpful policy. After discussion, the following facts became clear:

1. There is a rapidly increasing interest in Anaesthesiology throughout the world.
 2. Anaesthesiologists organized into national societies are rapidly increasing in numbers.
 3. Anaesthesiology societies in certain countries where the specialty has been dominated by surgeons and others are rapidly coming under the control of anaesthesiologists themselves.
- There is need for a representative international organization, which should be a federation of national societies.

So it was decided to recommend to the various national societies that a "World Federation of Societies of Anaesthesiologists" should be organized, and a draft constitution was prepared, which will be submitted for suggestions and later approval. The Interim Committee will continue its work, and if the draft constitution is approved by at least ten national societies, a Constituent Assembly for the organization of the World Federation will be held in Amsterdam in 1955. The draft Constitution states that the purposes and functions of the Federation are, as follows:

"The object of the Federation is to make available better anaesthesia to more people throughout the world. In pursuit of this aim, the functions of the Federation shall include the following:

- (a) To assist and encourage the formation of national Societies of anaesthesiologists.
- (b) To promote the dissemination of scientific information.
- (c) To recommend desirable standards of training for anaesthesiologists.
- (d) To provide information regarding opportunities for post-graduate training and research.
- (e) To encourage research into all aspects of anaesthesiology.
- (f) To encourage the establishment of safety measures including the standardization of equipment.
- (g) To advise upon request national and international organizations."

Only one organization per country shall be admitted to membership of the Federation. The Federation will be controlled by a General Assembly to which the various member Societies will send delegates on the following basis:

"Each member organization shall be entitled to one delegate if the number of its members is 250 or less. It will be entitled to two delegates if it numbers from 250 to 500 members; to three if it numbers from 500 to 1,000 members, and to one extra delegate per 1,000 members over 1,000."

There will be an Executive Committee elected by the General Assembly, and general meetings of the Federation will be held on the occasion of international congresses, presumably every three or four years. An international congress will be held in Amsterdam in 1955 at the same time as the Constituent Assembly, with the Nederlandse Anesthesisten Vereeniging as the host Society.

The American and Canadian delegates came away from the Brussels meeting convinced that there is real need for the new

Federation, and feeling that here is an opportunity for us to make some slight contribution toward better international relations.

Our business session adjourned on Saturday afternoon in time for us to attend a meeting of the Section of Anaesthesia of the Belgian Society of Surgery, which was held in one of the large hospitals. The program was a symposium on the anaesthetic problems of thoracic surgery, and we were all impressed by the enthusiastic participation of more than fifty young Belgian anaesthetists. This speaks well for the progress of the specialty in a country where a few years ago it was almost neglected. There are three medical schools in Belgium, and each one of them has a fairly satisfactory teaching program in anaesthesiology.

The social part of our visit to Brussels was well taken care of by our gracious hosts.

Our American party then flew to London, where we had reservations at the Cumberland Hotel. We arrived there three weeks after the Coronation, but London was still in its gala dress, and we enjoyed the decorations by day and the illuminations at night. Doctor Ivan Magill entertained us to dinner at the Connaught Hotel, where we had the privilege of meeting many of the famous men of English anaesthesia — Langdon Hewer, Bernard Johnson, Featherstone, Macrae, Noseworthy, Rowbotham, Jarman, Low and others. The next day we visited Westminster Hospital, and were dined again as guests of Doctors Low and Rowbotham at the Savoy.

For the following week we travelled by private limousine to Oxford, Liverpool, Newcastle and Edinburgh. I can think of no more delightful way to see Britain and no lovelier time in which to see it than the month of June. Roses and every kind of flower lined the roads, and the beautiful countryside filled our hearts with peace and joy. Our chauffeur took us up through lovely Shropshire, and through the incomparable Lake District, over the Pennine Hills, into byways of Durham and Northumberland, and over the sheep-strewn moors of the Border Country. We were thrilled to see even in the most remote tiny villages bunting and flags, and the prayer "God Bless Our Queen".

Oxford was "on parade" the morning we arrived, for it was the day of the "Encaenia", the ceremony for granting honorary de-

grees, held in the old Cheldonian Theatre. Professor Macintosh had secured tickets for us, and we were really impressed by the colourful and dignified ceremony – even though most of the speeches were in Latin. We had rooms at the Mitre Hotel, one of the quaintest and most historic inns of England. A guide showed us over the colleges in the afternoon, then we were guests of Professor and Mrs. Macintosh for cocktails at their home in Pembroke College, and later had dinner with the Professor and his colleague, Doctor Allsop. Doctor Macintosh had just returned from an anaesthetizing tour to India and Indonesia, and he was bubbling over with enthusiasm for better anaesthesia for the whole world. His achievements in the Nuffield Department of Anaesthetics at Oxford are justly famous, and before we left Oxford we had an opportunity to see for ourselves all that is being done there in clinical teaching and research. One new device which interested us was a simplified ether vaporizer to which a hand bellows is attached, and which together with an endotracheal tube could provide complete anaesthesia service even in the most primitive surroundings.

We left Oxford late in the morning, drove on through Shakespeare's country, lingered in the quaint streets of Chester, hurried under the Mersey in the amazing tunnel which connects Birkenhead with Liverpool, and found Cecil Gray and his colleagues anxiously awaiting us for a full scale party at the Liverpool University Club. That was another pleasant evening during which I had an opportunity to become acquainted with another of the senior men of British anaesthesia, Dr. R.J. Minnitt, author, editor and inventor.

The Liverpool group of anaesthetists is one of the most active in England, and the teaching department at the University, under the leadership of Doctor Cecil Gray, can hold its own with any such department anywhere, in both research and clinical work. I lectured next morning to the group of twenty postgraduate students in anaesthesia, and I was interested in seeing among them representatives of many countries. Included among them was a little Burmese girl, whom I had met the year before in Hartford. We drove to Aintree Hospital (near the famous race track) where we saw several thoracic operations in which the patient was under completely controlled breathing, using a new type of respirator designed by Doctor J.R. Esplen. Then after a delightful luncheon with the hospital staff, we were on our way to Newcastle – by a circuitous but most interesting route, which covered all the extremes of English countryside from

the cotton towns of Lancashire to the wild and beautiful hills of the Lake District, the Pennines, and the upper reaches of the River Tyne. We arrived in the great city of Newcastle upon Tyne about 10.30 p.m. and even then, it is light enough to drive without headlights in that northern latitude in June. Doctor E.A. Pask, Professor of Anaesthetics at the Medical School of Durham University, was our host. He is so well-known to so many Canadians, particularly Montrealers, that I do not need to say that we were cordially welcomed and graciously entertained. We were, also, tremendously impressed by the excellence of his Department. I think that in many ways "Gar" Pask has one of the best all-round anaesthesia teaching organizations to be found anywhere in the world. He is surrounded by a group of competent and enthusiastic associates, he has the co-operation of university and hospital authorities, he has adequate financial support for a program of research closely co-ordinated with clinical problems, and he has his own inimitable clear-thinking brain and absolute intellectual honesty.

On Sunday, we drove over the moors to Edinburgh and were received with open arms by Doctor and Mrs. John Gillies and all their family. We enjoyed a dinner at their home that evening, with Sir James Learmonth, the only other guest. The next morning, Sir James did a lumbar sympathectomy for us, in order that we might see John Gillies' technique of "total sympathetic paralysis", using procaine spinal anaesthesia, plus pentothal and endotracheal oxygen. We were much impressed by the apparently good condition of the patient, in spite of extreme hypotension. For the rest of the day, we drove through the Trossachs, to Lochearnhead, to Loch Lomond, Greenoch and Glasgow, returning to Edinburgh in time to bring the tour to a fitting climax with a glimpse of our beloved Queen, as she and her husband were leaving the city after their busy week in Scotland. We drove eighty miles through Burns' country to Prestwick; said good-bye to our faithful chauffeur, Mr. Brown, and boarded our plane for home.

It was a memorable tour for all of us, and we hope that our deliberations in Brussels may ultimately be of some value to anaesthetists everywhere.

QUEBEC DIVISIONAL MEETING

Your Editor had the pleasure of attending the Annual Meeting of the Quebec Division, held in the Royal Victoria Hospital, on May 2nd, 1953. He was kindly invited to attend the Executive session in the morning, at which the following officers were elected:

President	— Dr. Louis Lamoureux
First Vice-President	— Dr. R. Gilbert
Second Vice-President	— Dr. J. Rochefort
Secretary-Treasurer	— Dr. W. Cullen

EXECUTIVE COMMITTEE

1. Dr. Plourde of Montmagny
2. Dr. F. Hudon of Quebec
3. Dr. Paul McMahon of Sherbrooke
4. Dr. Roland Duchesne of Quebec
5. Dr. H. Slater of Montreal

COMMITTEE ON ECONOMICS

- Dr. Cousineau
Dr. Clermont
Dr. Griffith
Dr. Gilbert

REPRESENTATIVES TO COUNCIL

- Dr. H. Griffith
Dr. E. Allard

COMMITTEE ON PUBLICITY

- Dr. Catien
Dr. Plourde

A discussion took place on the question of the legal liability involved when residents give anaesthetics. It was decided to request the College of Physicians and Surgeons of the Province of Quebec to establish a plan similar to that in practise in the Province of Ontario whereby members of a hospital resident staff may be given temporary license to practice at a small nominal fee, this license being discontinued automatically at the time of the completion of the hospital appointment.

Considerable discussion took place regarding the present unsatisfactory arrangements for the payment of anaesthetic fees by many companies underwriting medical care policies. The members of the Executive felt that the various companies should be interviewed in order that a better understanding might be reached concerning this problem and that these companies should be informed that payment of these fees in part by insurance companies was confusing to the public and very unsatisfactory for the anaesthetist rendering the service. Many of these instances of misunderstandings occurred and the anaesthetist has to listen to complaints for which he was not responsible.

During the morning Dr. F.A.H. Wilkinson and staff conducted clinical demonstrations in the operating-rooms of the Royal Victoria Hospital.

Following lunch a scientific program commenced at 2 p.m. and the following papers were presented:

1. Plasma Augmentors — Dr. R. Ohlke
2. Analeptic and Vasopressor Drugs — Dr. H. Cameron
3. Geriatric Anaesthesia — Dr. Santo
4. Controlled Hypotension by Sympathetic Block — Dr. David Power
5. Succinyl Choline — A short acting relaxant — Dr. A. MacDonald

Following the scientific program most of the members present and their wives attended a very enjoyable dinner at au lutin qui Bouffe.

INTERESTING CASE

A young, healthy woman, aged 28, was admitted with Chronic Cholelithiasis. She was to have a Cholecystectomy for her recurrent attacks of biliary colic but due to a terrific fear of operations, she refused to come to hospital for some months but finally consented and was literally pushed into the hospital by her relatives and attending physician. When seen by the anaesthetist, the day prior to operation, she really was frightened. So much so that you could hardly get close to her with a stethoscope to examine her heart and lungs.

Her fear was the only abnormal finding. Her lungs, heart, blood pressure, etc. were all normal. Luminal grs. ii was given twice during the day prior to operation, with Nembutal grs. 1½ h.s. and repeated the morning of operation. One hour before operation she was premedicated with Morphine grs. 1/6 and Hyoscine grs. 1/200. She was induced with Pentothal-Syncurine and maintained with Cyclopropane and Ether mixture, using a circle filter.

The operation lasted about 1½ hours. It was difficult because of adhesions around the gall bladder. Otherwise it was uneventful. One-half hour after operation, the Recovery Room nurse recorded a pulse of 80, blood pressure 130/80, and respirations a little shallow, and she was given inhalations of oxygen. 500 c.c. of normal saline had been started in the operating-room and was still running slowly at about 60 drops per minute. About two hours after operation, the anaesthetist was suddenly called from another hospital and told she had suddenly gone bad. He found her dead on arrival.

Post-mortem examination revealed the cause of death to be air embolism. Bubbles of air were found all through her circulatory system, including her brain, heart, spleen, etc. Air was even found in the uterus. (Incidentally, this episode occurred one day following her last menstrual period.) The intravenous was still intact and only about 250 ccs. had run in.

The following questions remain unanswered in the mind of the attending anaesthetist:

1. Could the air have gotten in around the needle, which was in her forearm?
2. Did the trapped air in the peritoneal cavity enter the open venous sinuses in the gall bladder bed?
3. When she was lowered from the gall bladder rest position, did air enter the uterine cavity and find its way into the general circulation by getting sucked in due to a sudden change of position?

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Comments on this case will be welcomed by the Editor and discussed, with a short resume of the above report, in the next edition.