

# THE CANADIAN ANAESTHETISTS' SOCIETY



## NEWS LETTER

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*Editor*  
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*32 Edgehill, Kingston,*  
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## THE QUEBEC MEETING OF THE INTERNATIONAL ANAESTHESIA RESEARCH SOCIETY

After having returned from this excellent Congress of Anaesthetists in Quebec City, your editor had time to meditate and consider the enjoyments of those few days.

There was a most stimulating atmosphere of good fellowship prevalent that commenced as we accumulated in clusters on arrival at the historic Chateau Frontenac. Friends were there from most of the states of the Union - there was even a goodly smattering of Confederates; the Northern states were very well represented; many, no doubt attracted by the reputation of Quebec hospitality. The Canadian representation was excellent. All were glad to be there and happy to remark, "Isn't it nice to have Wesley home again?"

And our mentor, Dr. Wesley Bourne, was obviously glad to be back with 'his boys' again. He hadn't changed a bit during his absence. His piercing eyes and booming voice had lost none of their ardour. To use his own expression - he was greatly enjoying a session of 'intellectual communion' with the colleagues and ex-students who mean most to him.

Next morning, the scientific sessions commenced, and the papers were versatile, well presented, and valuable to all.

Monday evening, many enjoyed Harry Seldon's excellent presentation of the movies, taken during the European trip made by himself, Dr. Griffith, Dr. Whitacre and Dr. Friend while attending the organizational sessions of the proposed World Federation of Anaesthetists. The pictures and Harry's running commentary took the audience through France, Belgium, Holland, England and Scotland. The places and the friends seen were, of course, interesting to all anaesthetists, and the pictures were undoubtedly of professional calibre.

Tuesday and Wednesday, there were more good scientific meetings, as well as ample opportunity to enjoy hospitality and historic scenery at the hands of our Quebec City colleagues.

The banquet, Wednesday evening, possessed none of the 'cut and dried' atmosphere so prevalent in large gatherings. It was a pleasingly friendly and jovial function. The affairs of the Head Table were masterfully directed by Dr. Harold Griffith in a manner that amused and stimulated the seven hundred guests. It was expertly done, impressive and dignified. No one else could have done it as well.

Everyone had a gay time at the dance, and Ian MacKay added the

climax with the swirl of the pipes.

It was a very enjoyable, worthwhile and memorable meeting, and to Dr. Eugene Allard for his excellent preparations, and to Mrs. McMechan for her organizational supervision, we offer our most sincere thanks.

## DOCTOR LEIGH MOVES TO LOS ANGELES

Members of our Society will read with regret the item from the British Columbia Division announcing the resignation of Doctor Digby Leigh as Head of the Department of Anaesthesia at the Vancouver General Hospital, and of his acceptance of the appointment as Director of the Department at the Children's Hospital, Los Angeles, California.

During the past fifteen years, Dr. Leigh has done a great deal for Canadian anaesthesia. He is a graduate of McGill University and following his training in Wisconsin, he returned to Montreal as Head of the Department at the Children's Memorial Hospital. While there, his work resulted in many developments which were recognized and accepted. He established fractional doses of premedicant drugs as an integral and essential aspect of anaesthesia in children. He pioneered in the development of non-rebreathing techniques as applied to infants and children, and he taught soundly and with great enthusiasm.

During the war he was instrumental in assisting Dr. Wesley Bourne, Dr. Harold Griffith, and others in organizing courses for medical officers of all three services at McGill University. This was an excellent contribution to the war effort. As a result of this training, most of these students have since become established as full time specialists in Anaesthesia and have not forgotten the influence that his sound instruction and enthusiasm have played in the development of their careers.

In 1943, Digby worked enthusiastically to organize The Canadian Anaesthetists' Society and was the first Secretary.

In the summer of 1946, Doctor Leigh accepted the appointment of Director of Anaesthesia at the Vancouver General Hospital and several of his students moved to Vancouver with him. Since that time he has administered not only a large hospital department but an efficient post-graduate teaching program, as well. Later, in collaboration with Kathleen Belton, he published an excellent volume on "Paediatric Anaesthesia".

We are all sorry that Digby is leaving Canada. It is a source of satisfaction, however, that he will not be far away and that we will, undoubtedly, meet many times in the future. His interest and enthusiasm will not be lost to us, and we wish he and Doctor Belton every success in their new venture.

# News Items of Interest

Dr. Max Yates has left Edmonton and moved to the Royal Jubilee Hospital, Victoria, B.C., where he has joined the staff in Anaesthesia.

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Dr. James Mahood of the Kingston General Hospital staff was successful in passing the Royal College of Physicians and Surgeons examinations for certification in Anaesthesia, in October, 1953.

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Dr. Charles Egan, M.B.E., recently accepted an appointment in Reading, Pa.

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Dr. V.A. Nekus has recently joined the anaesthetic staff of the Hotel Dieu Hospital, Kingston, Ont.

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Dr. Harold Cameron, who recently completed the McGill Diploma Course, has been appointed anaesthetist in charge of the Department at the new Hotel Dieu Hospital, St. Catherines, Ont.

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Dr. Joe Beldavs has been transferred from the Hotel Dieu Hospital, Kingston, to St. Mary's Hospital, Montreal, on the McGill Diploma Course Rotation Plan.

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Dr. Robert Ferguson of the staff of the Children's Memorial Hospital, Montreal, was recently successful in passing the examinations for certification.

## NEWS FROM BRITISH COLUMBIA

Dr. M. Digby Leigh has resigned from the staff of the Vancouver General Hospital and the University of British Columbia. He has accepted the appointment as Director of the Department of Anaesthesiology at the Children's Hospital, Los Angeles, California.

Dr. K. Belton has also resigned from the staff of the Vancouver General Hospital and will accompany Doctor Leigh to Los Angeles as Assistant Director of the same Department.

Both Doctor Leigh and Doctor Belton have been appointed to the teaching staff of U.C.L.A.

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Dr. Peter Percheson, Vancouver, was amongst those who were successful in passing the examinations for Fellowship in the Royal College of Physicians of Canada, in the specialty of Anaesthesiology, in 1953.

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The new wing of St. Vincent's Hospital was officially opened January 6th. This beautiful new wing contains four additional operating-rooms.

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Dr. E.R. Hall has returned to the Vancouver General Hospital after spending two months in Paediatric Anaesthesia, with Dr. Deming, at the Philadelphia Children's Hospital.

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Dr. H.B. Graves has been appointed Acting Director of the Department of Anaesthesiology, Vancouver General Hospital.

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Several attractive appointments, in Anaesthesiology, are available in British Columbia, at the following hospitals:



Vancouver General Hospital, Vancouver, B.C.

St. Vincent's Hospital, Vancouver, B.C.

Royal Columbian Hospital, New Westminster, B.C.

Port Alberni Hospital, Port Alberni, vi, B.C.

Anaesthetists interested please contact the Director of the Department of the hospital concerned.

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As a service to anaesthetists desiring to settle in British Columbia, and to those requiring their services, a file of available appointments and available anaesthetists will be maintained in the Secretary's office. Those interested will please forward all pertinent information to Dr. J.J. Carroll, Secretary-Treasurer, B.C. Division, Canadian Anaesthetists' Society, 1070 West 33rd. Avenue, Vancouver 13, B.C.

## NEWS FROM ALBERTA

The Ninth Annual Convention of the Western Division of the Canadian Anaesthetists' Society was held in Edmonton, Alberta, Thursday, Friday and Saturday, February 25th, 26th, and 27th, 1954.

The guest speaker was Dr. Frederick VanBergen from the Division of Anaesthesiology, University of Minnesota Medical School, Minneapolis.

The following items were on the program:

From Winnipeg, Manitoba, Dr. W.H. Blair spoke on "Curare for Cataract Surgery" and Dr. M. Minuk discussed "Complications during T.U.R."

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Dr. Frank Fish of Calgary reminisced on his thirty years in the practice of Anaesthesia; and Dr. John Maxwell presented an interesting paper on "Acute Laryngotracheo-bronchitis".

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Dr. Nelson Nix of Edmonton discussed contributions that the anaesthetist has to offer in the treatment of Poliomyelitis; Dr. George

Moonie spoke on "Major Anaesthetic Catastrophies"; Dr. Donald Kyle discussed "Neothyl".

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Dr. Leo Lewis, Medicine Hat and Dr. Harold Rice of Edmonton also participated in the program.

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As usual a very enjoyable social session terminated a very busy schedule, and the ladies' program was expertly arranged by Dr. Zella Norem.

## NEWS FROM SASKATCHEWAN

The Saskatchewan Division of the Canadian Anaesthetists' Society held a meeting on November 8th, which was attended by seventeen members. The purpose behind this meeting was revision of the present schedule of fees, and a very interesting and informative discussion was held, out of which a new schedule was evolved.

This is, at present, under revision by the College of Physicians and Surgeons of Saskatchewan and further news will be forthcoming.

At the meeting, Dr. Clayton Crosby, surgeon of Regina, gave a most interesting paper on "Proposed Procedures in the Event of Cardiac Arrest during Anaesthesia".

At present, the membership of the provincial doctors interested in Anaesthesia, who are members of the Canadian Anaesthetists' Society, is not representative of the much greater number interested in the specialty. To this end, a drive is being put on to try and incorporate them all in the Society. It is felt that other divisions may be in this same situation, and perhaps publishing lists of new members, in the News Letter, might be of benefit to provincial secretaries.

## NEWS FROM MANITOBA

All the anaesthetists of Winnipeg are now practising their specialty on a fee for service basis. The Manitoba Hospital Association (Blue Cross) no longer offers any anaesthesia coverage. They recently sponsored a series of radio broadcasts during the course of which it was frequently announced that anaesthesia was performed by a physician and in the future patients requiring anaesthesia would receive an account from the doctor. The local press also ran a three-quarter page article on Modern Anaesthesia which was favourably commented on by many. By these and similar means, the people of Winnipeg and Manitoba are being educated that "the old order changeth" in the economics of anaesthesia.

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Dr. T.A. Natsuk recently joined the anaesthetic staff of the St. Boniface Clinic. He was formerly connected with the anaesthetic staff of the Winnipeg Misericordia Hospital.

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Dr. Marjorie Bennett attended the postgraduate assembly of the New York State Anaesthetic Society in New York City, in December.

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Dr. S. Kanton is assisting the anaesthetic staff at Grace Hospital.

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Dr. Marcia Wood and her husband, Mr. Angus Wood, (a third year medical student) are receiving congratulations on the birth of their son.

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Drs. Donalda Huggins, Lionel Cruickshank, John Daze, Homer Eshoo, Keith Grant, Guenther Semelka, Max Cham, Ben Shell, Ruth Whitfield, and Marcia Wood ~~wish to~~ announce their association for the practice of Anaesthesia under the business name of Associated Anaesthetists of Winnipeg.



Dr. John S. Shields, D.A., formerly of the Hilltop Centre for Cardiac and Thoracic Surgery of Birmingham, has come to Canada to join the Department of Anaesthesia of the Winnipeg Children's Hospital. Dr. Shields is a graduate of University College Hospital, London, and has done anaesthesia at this hospital, Great Ormond Street, London, and spent five years in Her Majesty's forces in the Army Medical Corps. He will be joined by his wife and daughter, in April.

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Every anaesthetist in Winnipeg has a standing date for the first Tuesday of each month. This is the night of the Anaesthetic Society meeting. The following program has been presented, to date, this year:

January: "Curare and Eye Surgery" by Dr. Blair

"Report on the December Meeting in New York" - Dr. Bennett.

February: "Symposium on Succinyl-choline" by Drs. Huggins, Davies, Cruickshank, Eshoo, Semelka and Cham.

March: "Rectal Pentothal" by Dr. H. Hutchison.

"Controlled Respiration" - Dr. S. Luginsky.

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At the time of going to press, anaesthetists in Western Canada are looking forward to their annual early spring meeting, which is taking place in Edmonton this year.

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The following candidates from Winnipeg were successful in passing the recent examinations for certification:

Dr. L. Cruickshank, Winnipeg General Hospital;

Dr. G. Semelka, Winnipeg General Hospital;

Dr. H.E. Devlin, St. Boniface Hospital;

Dr. T.J. Halkiewicz, St. Boniface Hospital;

Dr. M. Minuck, St. Boniface Hospital.

## NOTICE OF OTTAWA MEETING

A weekend meeting, sponsored jointly by the Section of Anaesthesia, Ontario Medical Association, and the Ontario Division of the Canadian Anaesthetists' Society, will be held at the Chateau Laurier, commencing Saturday noon, April 3rd. and closing at noon, April 4th.

An excellent program is being arranged by Dr. R.M. Stringer, President of the Section of Anaesthesia, Ontario Medical Association, and Dr. Gordon MacKenzie, Ottawa, who is in charge of the local committee arrangements.

Dr. C.R. Stephen, Professor of Anaesthesia, Duke University, Durham, North Carolina, has accepted the invitation to be the visiting speaker.

Short papers will be given by local members and round-table sessions are being planned. The Ottawa group is also planning practical demonstrations.

The ladies are invited and a dinner will be held at the Chateau Laurier, Saturday evening.

This should prove to be a convenient and interesting meeting, especially for Quebec and Ontario anaesthetists.

Please make reservations, personally, at the Chateau Laurier, Ottawa, and mention your attendance at this Convention. Reservations are being kept for this purpose.

## NEWS FROM THE NOVA SCOTIA DIVISION

The Department of Anaesthesia of Dalhousie University has recently instituted a comprehensive training program for residents in Anaesthesia, at the Victoria General Hospital, Halifax. The first two residents to take advantage of this training are Dr. Charles Henderson of Cornerbrook, Newfoundland, and Dr. Patrick Ashley of Saint Johns, Newfoundland, who arrived in June, 1953. The third resident, Dr. Thomas Anderson, started his training early in January. A unique feature of the Course is a session one night a week at the home of one of the staff anaesthetists where the activities are social, as well as academic. The staff consists of Dr. C.C. Stoddard, Dr. Ralph Ballem, Dr. Cyrille Kincaide, Dr. Allan MacIntosh, and Dr. Paul Fleming.

Dr. Ralph Ballem and Dr. Paul Fleming received their Fellowship in the International College of Anaesthetists at the 28th. Annual Congress of Anaesthetists, held in Quebec City in October, 1953.

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Dr. C.C. Stoddard spent several days on a speaking tour of the Maritimes last October for the Dalhousie Postgraduate Committee. He spoke on the various aspects of Anaesthesia to groups in Summerside and Charlottetown, Prince Edward Island, and Moncton, New Brunswick.

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The anaesthesia staff of the Victoria General Hospital meets every Tuesday evening for discussion. Dr. Allan MacIntosh spoke recently on "Reflexes in Anaesthesia".

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The Department of Anaesthesia, Dalhousie University, in conjunction with the Medical Postgraduate Committee, plans to hold a Refresher Course in Anaesthesia, for general practitioners, March 31st. to April 2nd, 1954. As in the past, the mornings will be taken up with demonstrations of the different types of anaesthesia at the various hospitals at Halifax. There will be lectures and demonstrations in the Victoria General Hospital in the afternoons, and the one evening program will consist of a meeting of the Nova Scotia Division of the Canadian Anaesthetists' Society. The special speaker for the Course will be Dr. Wesley Bourne of Montreal.

### THREE YEAR COURSE IN ANAESTHESIA AT MCGILL UNIVERSITY, MONTREAL

The three year Diploma Course in Anaesthesia at McGill University is continuing to attract students from many parts of the world.

At present there are forty doctors registered; the largest number in any of the diploma courses at McGill. Eleven of these students are women. Twenty-one are graduates of Canadian Medical Schools; four are British graduates, one American, and fourteen are from schools in Europe or Asia.

For clinical training the students are assigned as residents among twelve Montreal hospitals. Two students are at present spending the final period of their training at hospitals in the United States. Students rotate usually every six months between the various co-operating hospitals, so that by the time the three year course is completed, a student will ordinarily have served under six different clinical teachers. This opportunity for a variety of clinical experience is felt by many to be one of the strongest features of the course. Each year the students attend organized courses in Anatomy, Physiology, Bio-chemistry and Pharmacology conducted specially for them by the professors of those subjects. These courses are usually held on two afternoons a week during the teaching season, and comprise about fifteen lectures and laboratory periods in each subject. In addition, the students all meet every Wednesday evening for a seminar conducted by the Department of Anaesthesia teachers, in which the whole field of modern Anaesthesiology is surveyed in thirty sessions. Every Monday evening there is a meeting held under the auspices of the McGill Department of Anaesthesia at the CIBA building, which is attended not only by Diploma Course students but by many of the French and English speaking Anaesthetists of Montreal. This meeting is now in its fourteenth year, having been started by Dr. Wesley Bourne and Dr. Digby Leigh during the War, before there was any organized university teaching department. It is still a Mecca for visiting anaesthetists, alumni, and a great variety of guest speakers. The attendance is around fifty or sixty every Monday evening. Interesting cases are discussed, and anything new, unusual or exciting which occurs at any of the Montreal hospitals is soon made known to the whole group.

The Department of Anaesthesia at McGill and at the Université de Montreal co-operate closely with the Quebec Division of the Canadian Anaesthetists' Society and many joint meetings are held.

Some have wondered whether such an active teaching programme in Anaesthesia might not soon flood the country with an over abundance of trained Anaesthetists. So far there is no sign of such a danger. There are still many places in Canada without an adequate number of Anaesthetists, and good Anaesthetists easily find suitable locations for practice. The shortage of qualified Anaesthetists in the United States is so marked that many Canadian-trained specialists continue to be attracted to cross the border. Many countries in Europe, in Asia and in Africa have almost no trained Anaesthetists. The need for better Anaesthetists is rapidly being recognized, and there appears to be an opportunity for our Canadian Medical Schools to play an important part in training doctors from other coun-



tries, who will return to their own lands as leading practitioners and teachers.

Harold R. Griffith, M.D.  
Associate Professor & Chairman,  
Department of Anaesthesia,  
McGill University.

The following is a condensation of a talk given by Professor Bourne to the Quebec Division of the Canadian Anaesthetists' Society, December 14, 1953, in Montreal.

Your Editor regrets that space is not available for the publication of this most interesting article in full.

## MY YEAR IN PARIS

*Wesley Bourne, M.D.*

On October 15, 1952, surrounded by quantities of bon voyage gifts in a gorgeous cabin on S. S. Liberte, we left New York and, with a calm sea and good weather, reached Le Havre six days later. We were met in Paris by Doctors Michel, Bourgeois-Gavardin and Jacques Boureau. Bourgeois-Gavardin, who had taken a large part of his training in Montreal, and whom we call Mike, treated us as a good son throughout our stay in Paris. Boureau is one of the senior anaesthetists in Paris.

Before going to Geneva for 'briefing' I stayed a few days in Paris to pay respects to the Dean of the Faculty of Medicine, to Professor Moulounguet and at the Ministry of Public Health. Professor Moulounguet is in charge of the Department of Surgical Technique within which comes anaesthesia, as one of the techniques of surgery.

Prior to starting on a project as a member of the World Health Organization, one has to go through a period of 'briefing'. That is, one is interviewed by leading individuals of the various departments, in order that the workings of the organization may be explained and advice given as to how the mission should be conducted.

Then, before commencing my 'job' I went to Durham University and spoke on "The Providing of Opportunity to Learn Anaesthesia" at the Annual Meeting of the North of England Society of Anaesthetists. While



there, I had a pleasant sojourn with Professor E. A. Pask, whom many Canadians will remember as a result of his pleasant stay in Canada some years ago. Professor Pask has established, with the assistance of several able associates, a most efficient department of anaesthesia, which has a laboratory division, as well as a clinical division. And, then I returned to my new project in Paris.

As the Course commenced there were in all sixteen young doctors of medicine - eight women and eight men - taking this superior course in Anaesthesiology. Soon each candidate was encouraged to choose a subject and was allocated to one or other of the various laboratories for investigation under the tutelage of a member of the staff of the respective department. This work was done in the afternoons, as the candidates were engaged in clinical anaesthesia during the mornings. Each candidate was obliged to write a short thesis on his or her laboratory work.

From January 28th, to May 16th, 1953, two lectures per week - Wednesday and Saturday - were supplied by a variety of anaesthetists, pharmacologists, physicians, physiologists, and surgeons. Two of these were given by Corneille Heymans, Professor of Pharmacology of the University of Ghent, Belgium, on the topics, "Les chimo-recepteurs en anesthesie" and "Survie et reviviscence des centres nerveux apres arret de la circulation sanguine". These lectures were all given in French and were excellent. The French are extraordinarily good teachers and lecturers. They arrange their subject matter in an orderly fashion; speak with perfect clarity; employ inflection, rhythm and stress so beautifully, and use repetition and reiteration so expertly that, indeed, they really act their teaching artistically. One not only learns easily from them, but is fascinated and held in attention. The French, in their teaching, seem to aim at rousing the curiosity of the student in such a manner that he will satisfy it later.

There are four groups of anaesthetists in Paris, but there seems to be a lack of good-will among them. The members of these groups started to develop themselves, as anaesthetists, only in recent years. They have become extremely capable, and it is true to say that they are as good at their specialty as anywhere, but there are too few of them. Paris should have more than twenty times as many. Usually, when a French man specializes, he becomes so conscientiously attached to his obligations that he easily falls subject to an egoism, more or less refined, but he may soon be too much of an individualist. It might be well for him to take the warning of Sophocles, "Though a man be wise, it is no shame for him to learn many things, and to bend in season". This is some of the trouble with the individuals of the group of anaesthetists over there.

The organization of Anaesthesia, in France, dates from 1947. Previously, there were some medical anaesthetists in the large cities and in Paris. But, the majority of the anaesthetics were given by nurses or by the attending doctor, or by some helpers, who were neither doctors nor nurses. In a large measure, this state of affairs still exists. In 1953, La Societe d'Anesthesie et Analgesie, founded by the surgeons, Professors Gosset and Monod, had only four anaesthetists among its more than one hundred members. In 1947, la Securite Sociale decided to pay for the anaesthetics given by doctors. In the same year, l'Assistance Publique de Paris created a cadre of assistant anaesthetists, these assistants taking their place close to the surgeon, similar to that of other assistants in medicine or surgery.

In the same year, Professor Moulonguet organized the teaching of anaesthesia for doctors and for nurses. After one year, he declined to continue the teaching of nurses, and, now M. Baumann, assistant in surgery, got permission, from the Dean of the Medical Faculty, to be in charge of the teaching of Anaesthesia to nurses and he is still doing this. At the University of Paris, at present, there are three separate sets of training in Anaesthesia:

1. A course of two years for nurse anaesthetists, granting certificates to about 100 per year.
2. An elementary course of two years for graduates in Medicine, turning out about 20 physician-anaesthetists each year.
3. A superior course of one year's duration for advanced training in Anaesthesia. Besides, there is a private school at St. Germain-en-Laye, which turns out more than 100 nurse-anaesthetists each year.

From all this, it appears that in France Anaesthesia has reached a degree of development, which will be hard to change as long as this specialty remains an accessory of the specialty of surgery. The protagonists of surgery in taking care of their prestige and in fidelity to the policy of finding places for their numerous assistants will never be inclined to give up control under any circumstances.

This situation of inferiority and of subordination, in which the anaesthetists are held, turns away from the specialty of Anaesthesia the better members of the young students of medicine, discourages those who are older and interested, and allows none of them to accede to the research officially organized in the faculties for the doctors belonging to the Corps de la Faculte. For this reason, I felt myself forced to seek interviews with five important leading men of France, in Paris; men who

are less closely tied to the university and independent of it. In every instance, I found sympathetic attention and perfect understanding. It may be, that in time some good will come from these talks.

In December, 1952, I delivered a paper at a meeting of the Societe Francaise d'Anesthesie et d'Analgesie, and it will be published in the book called "Mysterious Waters to Guard", which is, at present, in the hands of the Blackwell Scientific Publications, and for which Professor Corneille Heymans is writing an introduction.

Now, you will be pleased to know that we did not stay in Paris all the time. We got out to other parts of France, to Italy, to Spain, to England, to Belgium, and again to Switzerland. For Christmas, we went to England and spent most of the time with Doctor and Mrs. Henry Featherstone at their wonderful home, "The Knoll", at Barton-under-Needwood, about twenty-five miles from Birmingham. These very good friends took good care of us in every way, shape and form. Before leaving for France, we spent a few days in London, when Mr. Charles King and Doctor John Beard were extraordinarily kind to us.

In March, 1953, I had the pleasure of being invited to be one of the guests at the Fifth Anniversary Dinner of the Faculty of Anaesthetists of the Royal College of Surgeons of England. Next morning, I visited the Department of Anaesthetics at St. Thomas' Hospital and had lunch with Alexander Low. In the afternoon, we heard Pask deliver his Joseph Clover Lecture in a masterly manner.

For the Easter vacation, we decided on Italy but went via Cote-d'Azur, making Nice our headquarters for two days. We visited Monte-Carlo, Genoa, Pisa, and later saw the great cathedral at Florence. We were lucky enough to be able to stay in Rome six days. One could do well to stay much longer. We visited the museum of the Vatican, the Sistine Chapel where the popes are elected. On Easter Sunday we went to St. Peter's Basilica and great and impressive were the doings for one's memory, ending at noon with hearing and seeing the Pope as he spoke from the balcony. The next day, we visited the bridges of the Tiber. Later, we were fortunate enough through the Canadian Ambassador, to have an audience with His Holiness, the Pope. The Holy Father spoke in seven languages. Next, we took the train to Venice and then to Milan for one day. Here, we were impressed by the world famous Fresco "The Last Supper" by Leonardo da Vinci.

Our next little jaunt was occasioned by Dr. Organe inviting us to the Annual Dinner of the Section of Anaesthetics of the Royal Society of Medicine, in May, 1953. That evening John Gillies was awarded the



Seventh Hickman Medal. It was a very excellent affair what with this establishment of anaesthetists and that of the faculty in the Royal College of Surgeons one realizes the stability of the British. Later, we visited Ghent where Professor Heymans and his associates do their wonderful work. The city is of Celtic origin, signifying the mouth of a river. Evidence remains in excellent preservation of her glorious past, her artistic treasures and monuments. To-day she is well abreast of the times. One would like to see more of Belgium.

In August, I was invited by Dr. Paul Lorhan to be associated with him in the presentation of a short course in Santander, Spain. I took two of my superior course students, from Paris, with me to assist in the teaching. The mornings were occupied with work and demonstrations in the operating-rooms, and the afternoons by lectures, sound films and discussions. We gave thirty-two lectures and used fifteen movies. Thirty-seven doctors from all over Spain took this Course - two ladies and thirty-five men. They were a splendid lot and very keen. Besides working, we were provided with delightful entertainment, which included a bull fight. Later, we visited San Sebastian.

My last trip was to Basel at the invitation of Werner Hugin. I went first to Geneva in order to make my final report. They expressed extreme gratitude for the work I had done. At this meeting, I was definite about my impressions concerning the situation of Anaesthesia in France. Next day, I presented two papers to a group of Swiss anaesthetists.

My story has come close to its end, but I must not fail to tell you that we saw a good deal of France generally.

## INTERESTING CASE

In the October issue, we reported a case of death from air embolism, following a Cholecystectomy, in a 28 year old woman, whose preoperative physical condition was normal; the only abnormal finding prior to operation being extreme apprehension. Premedication was with Morphine and Hyoscine in small doses. Anaesthesia was maintained with Cyclopropane and Ether, following a Pentothal Syncurine induction. No mention was made of intubation. She was returned to the recovery room with a pulse of 80, and a blood pressure of 130/80, respirations a little shallow for which she was given oxygen inhalations. An intravenous of 500 ccs. of normal saline was running well. The patient died suddenly, after hav-

ing received 250 ccs. of this infusion. Post-mortem examination revealed bubbles of air throughout her entire circulatory system, including her brain, heart, and spleen. Air was also found in the uterus.

The following comments have been received:

Dr. J. A. Blezard, London, Ontario, comments: "My opinion would be that the source of entry was from the intravenous tubing. We have noticed that when using the disposable sets manufactured by a certain manufacturer, air gets into the tubing. The point of entry is apparently between the rubber cap covering the filter tube and the tube itself, caused by a difference in the contractability of the two portions following sterilization. If such a disposable set was being used in this case and only 250 cc. of solution was given in two or three hours, it is quite possible that a large amount of air had entered from this source unnoticed and could account for the findings at post-mortem."

Dr. F.F. Howitt, Pathologist, Hotel Dieu Hospital, Kingston, Ontario, makes the following observations: "I do not think it is possible for sufficient air to enter around the needle as mentioned here. Further, it is most unlikely that the air entered through the needle, for the relatively small quantity present in the tube, under the worst conditions, is usually considered insufficient to produce the tragic effects here described.

"The opening of a large vein at operation would be at once apparent to the surgeon and even more obvious at autopsy. The importance of smaller vascular channels in this regard is debatable, but I feel that this is the most likely source of the air embolism.

"While air embolism originates occasionally as a result of instrumentation in the pregnant uterus, I cannot recall any report of such an accident resulting in the non-pregnant uterus, due to a change in position. If this were possible, women should be counselled against the dangers of gymnastics in the post-menstrual period, even rolling over in bed might be dangerous."

## AN EXCELLENT JOURNAL

The Editor would like to draw to the attention of Canadian anaesthetists the Journal of the Association of Anaesthetists of Great Britain and Ireland. The name of the Journal is "Anaesthesia".

It is an excellent quarterly journal containing editorials, bits of history, well written articles of current interest, as well as valuable contributions by authorities on certain subjects. A recent article by Dr. W.D.M. Paton on "The Principles of Neuro-muscular Block" was a classical example, and every one practising Anaesthesia should read it.

Address your subscription order, as follows:



Anaesthesia,  
45, Lincoln's Inn Fields,  
London, W.C.2,  
England.

and enclose a Bank Money Order for £2. You will not regret it.

The following is reprinted for the enjoyment of Canadian anaesthetists, as found recently in the pages of that excellent British Journal of wit and humour, "PUNCH".

## SLEEPING PARTNER

Surgeons are traditionally accused by the medical profession of introducing two necessary evils, wound infection and anaesthetists. In the past hundred years both of these have fortunately become less dangerous to human life.

When chloroform was still a novelty, and gas a luxury, the anaesthetist was a seedy practitioner, a coroner's familiar, creeping around hospitals and nursing homes with a rag of lint in one pocket of his coat-tail and a bottle of ether in the other. With this equipment he could perform his shady tricks instantly and anywhere, like a strolling conjurer. The surgeon took the lime-light and ninety per cent of the fees; the anaesthetist, at his best, was only a Jeeves, ready to smooth the surgical progress of his master, to encourage him in clinical distress and to temper discreetly his operative enthusiasms. He was a butt for all the hearty surgical fun that battens on blood and sterile towels - how relieved the nurses were when Sir Lancelot's wrath at a moving target was canalized into: "If the patient can keep awake, Mister Anaesthetist, so can you". From his perch at the head of the table, he yawned beneath his mask at weary accounts of forgotten anatomical battles, and he left the hospital by bicycle in the dust of the surgical limousine.

As operations became longer and anaesthetists had more hours of comparative inactivity to meditate over their humility, they invented a scheme to assert their personalities in the operating theatre. The trick was simple; they repudiated the rag and bottle and invented a machine aglitter with chromium plate and tops to administer the anaesthetic for them. At first the surgeons pretended amusement and made jokes about "THE GAS FIGHT AND CHOKE COMPANY". But, they were mystified and intimidated, particularly when the anaesthetist strolled away for a cup of coffee and left his patient tranquilly free-wheeling. It had previously been plain to everyone in the theatre that any damn fool with a bottle and a roll of

lint could give an anaesthetic, but even the most junior probationer, could now see that the manipulation of this secret machine needed the fused skills of an engineer, pilot, and safe-breaker.

The ANAESTHETISTS coolly pressed their advantage. The machines became bigger and more aggressive, forcing the surgeon to operate uncomfortably. Anaesthetists boldly told their own stories across the towel clips, and the daily operating-list ended politely with: "General anaesthetic, Doctor Tompkins, please". Surgeons who once began an operation by plunging a knife into the abdomen with a roar of: "Is he asleep, Bill?" waited patiently for permission with sterile gloves meekly clasped. Afterwards, they bowed over the swab bucket as the anaesthetist neutralized his apparatus with a pair of spanners and said: "Thank you, Doctor Tompkins, a very beautiful anaesthetic. We shall have the pleasure of working together next week, I presume?" Two limousines now left the hospital courtyard together.

When surgeons and anaesthetists reunited after the war, they were faced with problems of readjustment as powerful as those of any other long separated couple. The surgeons had seen army doctors at work with squares of flannel and ether cans, and had learned so much about lorries, guns, tanks and radio sets from enthusiastic brother officers that they were no longer frightened of anaesthetists' civilian equipment. But, they were infuriated to find that the anaesthetist had assumed the grand simplicity; heavy apparatus was pushed into the theatre sisters store-room and the modern anaesthesia conducted with a single syringe.

This concentration in the anaesthetists' armament was permitted by the purification of the Curare arrow poison from South America; the Brazilian pigmy blows a Curare-tipped dart into his victim before eating him, and the British anaesthetist sticks a Curare filled syringe into his patient before dishing him up to the surgeon. But, as more and more unwanted side-effects of the arrow poison were discovered and more and more drugs were invented to counteract them, the anaesthetists' syringes grew into a battery of violent poisons and antidotes.

To-day, he arrives at the hospital in a van, which contains his assistants and a number of expensive electronic machines to let him know the pulse rate and blood pressure without having to count them. The surgeon is allowed to operate as long as his manipulations do not disturb the anaesthesia; to complain that the narcosis is not sufficiently profound is as unthinkable as sending back the specialty at a famous restaurant. Anaesthetists are friendly men, and have no malignancy in their new mastery; every one of them thoughtfully thanks the surgeon at the end of the operation for making, with his skill, their superb anaesthetic necessary.