

## ABSTRACTS

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*Editorial Comment:* A fixed style of presentation for this department of ANESTHESIOLOGY has purposely not been defined. It is the wish of the Editorial Board to provide our readers with the type of abstract they desire. Correspondence is invited offering suggestions in regard to the length of abstracts, character of them, and source of them. The Board will appreciate the cooperation of the membership of the Society in submitting abstracts of outstanding articles to be considered for publication.

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FEATHERSTONE, H. W.: *The Association of Anaesthetists of Great Britain and Ireland. Its Inception and Its Purpose.* Anaesthesia 1: 5-9 (Oct.) 1946.

"In this country the scientific development of anaesthetics under clinical conditions has progressed largely under the aegis of the Society of Anaesthetists and of its successor the Section of Anaesthetics of the Royal Society of Medicine. But when, forty years ago, the Society of Anaesthetists was thus merged into the reconstituted Royal Society of Medicine, the Anaesthetic Section's activities were limited by the regulations entirely to the scientific aspect of the subject. The position in the year 1930 was this: the science and art of anaesthetics and also the bulk of anaesthetic practice had extended enormously . . . but the practitioners of this branch of medicine had no means of organising their department nor of representing the needs of the anaesthetic service. No standard of training had been laid down, and there was little means of distinguishing trained workers from unskilled but optimistic novices. . . .

"It fell to the lot of the writer, who was the retiring President of the Section and who had recently visited Canada and the U. S. A. with the British Medical Association, to have the need for action impressed upon him by many colleagues. Accordingly, invitations were issued to a hundred an-

aesthetists on the staffs of the main teaching hospitals to attend a meeting for the purpose of forming an association which would meet the needs. . . . A provisional Council was appointed which included the senior anaesthetists from each of a dozen medical schools. This council drew up a list of objectives and formulated rules which were based on those of the Association of Surgeons and of similar bodies. The rather lengthy name—the Association of Anaesthetists of Great Britain and Ireland—was selected after careful reflection. . . . The Association has been careful to refrain from encroaching on the sphere of the Anaesthetic Section of the Royal Society of Medicine; each year the President of the Section has been included in the Council of the Association. . . . The need for improvement in methods of analgesia for midwifery . . . was regarded by the Association as a matter for investigation in which it should take an active part. . . . Representations made by the Association to the Home Office and to nitrous oxide and oxygen manufacturers led to the introduction of light steel cylinders into anaesthetics. . . .

"The Association's most far-reaching achievement has been the establishment of the Diploma, and it was the Association's first undertaking. The cardinal points of the Council's plan were: 1. The Diploma should be the 'hallmark' of a trained anesthetist. The examination should not be competitive, but it

should be so far as possible a test of sound practical knowledge and skill. 2. If possible, there should be only one Diploma. Multiplicity of diplomas would prevent the establishment of a definite standard. 3. Experience of the long delay between the establishment of the Diploma in Public Health in 1885 and its general recognition fifty years later as the essential test for doctors who wished to take up state medicine, and, by contrast, the rapid establishment of the diplomas offered by the Royal College of Obstetricians and Gynaecologists which awarded, without examination, diplomas of suitable grades to recognised gynaecologists, convinced the Association that it was important that the Diploma in Anaesthetics at the outset should be held by the senior teachers of anaesthetics. . . . In 1935 the Home Secretary appointed a departmental committee under the chairmanship of Lord Wright to take evidence and to make recommendations concerning the duties of coroners. The Association was permitted to give evidence on the problems connected with deaths under anaesthesia. A booklet of evidence was submitted to the Committee, and at the subsequent hearing the three representatives were well received, their views were approved and in due course the Committee's recommendations embodied the points which they had raised. . . .

"Since its inception the Association has encouraged its members in each medical centre to use it as their representative body. . . . A variety of problems of local or of personal interest have been submitted to the Council, and advice or action by the Council or by the Association in general meeting has followed, as might be suitable. . . . The trend of policy has appeared to some members to be in the direction of providing a service of trained anaesthetists, working under good conditions at satisfactory rates of pay, rather than

to concentrate on the provision of numbers of specialists in independent practice. . . . During the War it became evident that many specialists in anaesthetics in future years would not necessarily be members of teaching hospitals and that the Association, if it were to be fully representative in future planning, must comprise among its members many who were not eligible under the original rules. After full consideration, the membership rules were altered to extend the permitted maximum number of members (hitherto fixed at one hundred and fifty) and to provide for fellows as well as members. This has been an acceptable development.

"The finances of the Association, with careful husbanding by Dr. Menzell, have grown steadily, with the result that when the Royal College of Surgeons offered accommodation and secretarial facilities in Lincoln's Inn Fields the Association was able to take advantage of the plan. . . . With the inauguration of its own journal, 'Anaesthesia,' now added to the amenities of the Association under the experienced editorship of Dr. Langton Hewer, anaesthetists may have confidence that they possess the means of discussion and representation, a diploma to ensure a sound standard of work, and a hope which will enable the specialty to progress alongside the other departments of medicine on the best lines in the new circumstances which the advent of the National Health Services will reveal."

F. A. M.

MARSTON, A. D.: CENTENARY OF ANAESTHESIA IN GREAT BRITAIN. *Anaesthesia* 1: 9-17 (Oct.) 1946.

The centenary of anaesthesia will be associated with gratitude and thanksgiving to the pioneers who made freedom from pain the common heritage of mankind. The whole credit for the