We published in the May issue of this Journal a paper (Brit. J. Anaesth., 32, 219) by Drs. Conway, Miller and Sugden on "Sore Throat after Anaesthesia," which showed that one quarter of all the patients under review suffered from this disagreeable result of anaesthesia. Of the patients who were intubated, nearly two out of every five were so afflicted, and in summary it would seem that something like one out of every five of our patients is likely to be afflicted with a severe sore throat after anaesthesia. This is only one of the comparatively minor sequelae of our ministrations and some of these are, with a little extra care, preventable. In regard to sore throat, it is the clinical impression of at least one department that careful attention to the sterility of tubes and suction catheters and the use of a practically non-touch technique for their introduction seems to reduce the incidence.

There are other minor sequelae, the incidence of which we may also tend to take too much for granted. How many patients wake up to find legs or/and arms afflicted by the haematomata which are regarded by many anaesthetists as almost among the necessary evils attendant upon modern anaesthesia. "How necessary" is, at least, debatable. Again, quite a percentage of the population of this country must by now have been afflicted with post-suxamethonium pains. One well-known teacher was recently heard to say that, although he believed a small dose of nonpolarizing relaxant given before suxamethonium would reduce the incidence of this complication, yet "somehow or other" this was not the usual procedure even in the units in which he worked. These pains can be very crippling and in at least one instance have almost led to litigation. We suggest that they should not be regarded lightly and that every possible effort should be made to reduce their incidence, including a less light-hearted use of suxamethonium where it is not obviously indicated.

In conclusion, while there is proceeding a great deal of investigation into more refined methods of suspended animation (which are only likely to be applied to a very small proportion of the population) surely there is a greater need for more effort to be devoted towards the reduction in incidences of some of these minor sequelae. It would seem that the first step is for the administrators of anaesthesia to be aware of their importance and to exercise ever greater care to avoid them.