Many of our readers will be fascinated by the unusual article by Drs. Davidson and Aladjemoff on "Anaesthesia in a Leprosarium" which appears in this issue. These doctors are fortunate in that it would appear that their institution is well staffed and equipped anaesthetically which is not the case, by any means, in similar circumstances in all parts of the world. It is an astonishing and uplifting experience to visit a leprosarium in less fortunate countries and to see at first hand highly specialized and dramatic plastic surgery being carried out in circumstances which it is euphemistic to describe as "most difficult". One such institution recently visited claimed to be the largest in the world and was staffed by one qualified doctor, a missionary, helped only by trained staff drawn from the local population. It is true that an anaesthetist visited, at the most, once a week, but the great majority of anaesthetics were given by the resident staff and with this it was found possible to undertake ambitious reconstructive procedures.

It may be, of course, that the modern approach to treatment by re-education of the infected patients to avoid trauma to the anaesthetic parts, as described at Oxford during the recent British Medical Association meeting by Professor Paul Brand of Vellore, together with advances in chemotherapy, will reduce the demand for this type of surgery. It is likely, however, to remain necessary for some time to come, and unlikely that specialized anaesthetic staff, expensive equipment or agents such as nitrous oxide requiring the transport of cylinders, will be readily available in the majority of such centres.

This is, however, only one example of a situation in which a simple form of anaesthesia is not only expedient but essential, and the ideal anaesthetic in these circumstances has not yet been discovered. An outstanding contribution has been made by the Oxford school in their development and advocacy of ether/air anaesthesia supplemented by relaxants. The search must, however, go on, for there are objections to ether, if only because of its inflammability and high volatility which make it difficult to use in the tropics and unsuitable for transport in bulk in aircraft. Academic departments of anaesthesia must be on their guard against satisfaction that the "perfect" anaesthesia for all situations has been revealed.