In the second group the difference was not so obvious, but the majority of "spinal" cases showed lower pulse rates and pulse pressures than the "general" ones. Too close a comparison cannot be drawn in this group, as most of the spinal blocks were given for bronchiectasis and most general anaesthesias for malignant new growth.

As regards convalescence there was very little to choose between the methods, as evidenced by the fact that some thoracic surgeons favour one and some the other. My impression is that patients recovering from thoracoplasty suffer more post-operative pain if they have had local analgesia. About 65% of patients preferred general anaesthesia, and of these about 80% favoured an intravenous induction in preference to an inhalation one.

It is impossible to avoid psychic shock altogether by preliminary sedation, and if premedication is pushed to the stage of basal narcosis an uncooperative patient results upon whom a pure local analgesia will prove difficult or impossible. I believe, therefore, that a light degree of general anaesthesia is desirable in major surgery, although the necessary muscular relaxation and protection from traumatic impulses can often be obtained more advantageously by infiltration and block methods than by the addition of toxic drugs such as ether and chloroform. The anoci-association idea propounded by Crile over twenty years ago has proved to be sound, and although combined techniques may be tedious and require a high degree of skill from the anaesthetist the results justify their employment.—I am, etc.,

St. Albans, Herts, Sept. 22. C. LANGTON HEWER.

Nurse Anaesthetists

SIR,—I have been instructed by the staff of Addenbrooke's Hospital to forward you a copy of a letter which has been sent to the Association of Anaesthetists regarding nurse anaesthetists.—I am, etc.,

F. B. PARSONS.

The President, Association of Anaesthetists of Great Britain and Ireland.

SIR,—The Honorary Medical and Surgical Staff of Addenbrooke's Hospital, Cambridge, feel that the grave misgiving felt by your Committee may perhaps be mitigated if the following facts are brought to your notice.

With the outbreak of war five of the eight honorary anaesthetists to this hospital were mobilized and left the district. They were in general practice in the town, and their work has largely been carried on by other practitioners, including the three remaining honorary anaesthetists. In addition to this reduction in the anaesthetic staff the beds at Addenbrooke's Hospital and its annexe have already been increased by more than 140, and a further 150 are in contemplation.

In the past qualified resident anaesthetists have been forthcoming, but they have been liable to be called up by the Services, and gaps between appointments have been inevitable. Although we have had for the most part very efficient officers for this appointment, yet there have been occasions when difficulty has been encountered in filling the office, and inevitably some inexperienced anaesthetists have been encountered.

At the present moment the training of students in the administration of anaesthetics at the London hospitals cannot be ideal, and cases are known of qualified men who have been unable to give more than one or two anaesthetics under supervision before qualification. Furthermore, the Central Medical War Committee, in its circular D.77 of July, 1940, has asked all hospitals as far as possible to give house appointments to the newly qualified in preference to the more experienced applicants. The Honorary Medical and Surgical Staff therefore felt that the training of its own anaesthetists for long-term appointments (two to three years) was worthy of consideration. Some of this staff have considerable experience of these sister-anaesthetists in the U.S.A. and on the Continent of Europe, and members of the staff of a large hospital in East Anglia gave their opinion of the value of this personnel, which it was stated had been functioning there for many years with entire success.

In order to safeguard as far as possible the interests of surgeon and patient it has been decided that each sister-anaesthetist shall receive six months' training—that is, double that required for a registrable qualification as a medical man—and they will, of course, give (under supervision during this period) several hundred more anaesthetics than the number administered by a newly qualified practitioner. Only nurses who have held the post of sister in ward or operating theatre have been chosen, and it is anticipated that at least two qualified medical men will be present in the theatre during the administration of the anaesthetic by a sister-anaesthetist.

With regard to your sentence "These duties cannot properly be assigned to an unqualified person: that they had been so assigned, should accident befall, say, a patient serving in His Majesty's Forces, would create public resentment which would bear heavily against the hospital concerned" the staff feel that whether the patient be a civilian or a member of His Majesty's Forces is beside the point. What they are concerned with is the provision of an efficient and adequate anaesthetic personnel, both honorary and resident, ready to deal at a moment's notice with future casualties—civil or military—for which hospitals have been told to hold themselves in readiness.

At the risk of reiteration, the staff wish to make it quite clear that there is no intention of supplanting the honorary anaesthetists. Rather they hope to reinforce and to assist those who, in spite of considerable overwork in their own and their absent colleagues' practices, contrive loyally to give more than their usual time to the services of the hospital.

I have been directed to send a copy of this letter to the Editors of the *Lancet* and the *British Medical Journal*.

Yours faithfully,

F. B. PARSONS,
Honorary Secretary,
Medical and Surgical Staff,
Addenbrooke's Hospital, Cambridge.

Sept. 14.

SIR,—Doubtless Dr. John Elam writes from experience I and many others do not possess. Yet I have seen enough of anaesthesia in the hands of general practitioners to agree that there is a lot to commend the experiment of allowing nurses to act as anaesthetists. In my experience they are at least willing to be taught and do recognize that this highly specialized branch of medicine requires much skill and practice. However, the fact that many medical men do not even recognize the importance (and rarity) of good anaesthetists would not seem to indicate that these "gentry" should be overlooked altogether. On the contrary, it is to be hoped that Oxford and Cambridge in their own ways will do more in future to train students as well as nurses to cope successfully with at least the simpler methods of anaesthesia. I think both Cambridge and the nursing profession have every right to resent Dr. Elam's inference that the appointment of nurse anaesthetists at Addenbrooke's shows "how little importance is attached to the art and science of anaesthesia in the university town of Cambridge."—I am, etc.,

Eye, Suffolk, Sept. 17. J. SHACKLETON BAILEY.

SIR,—May I join the many who will voice their appreciative endorsement of Dr. John Elam's letter (September 14, p. 368) concerning the efforts of practitioners who administer anaesthetics to insinuate themselves into the ranks of specialists. What is wanted is the closer co-operation of the anaesthetist with the surgeon and the consequent simplification of anaesthesia.

It should be more widely realized that the surgeon is an excellent judge of anaesthesia and can give a specialist's assessment of the optimum amount of anaesthetic for the operation to be conducted with ease and safety. Anyone who has pursued the prescribed practical course of anaesthetics as laid down in a medical curriculum should be able to give safe and satisfactory anaesthetics, provided he or she is agreeable to accepting a word of advice now and again from the surgeon. The ideal anaesthetic is not only safe but sufficient, and, generally speaking, the surgeon is as good a judge from his end of the table of the way these two factors are bearing on one another as is the specialist anaesthetist from his end.

The present tendency of the anaesthetic specialist is to regard the operation as a mere incident in the anaesthesia. I have been to London recently and seen the species at work, surrounded by his McKesson with its many modifications needing a porter to push it about, sometimes supported by an assistant anaesthetist, always by an anaesthetic nurse, and