DISCUSSION ON ANÆSTHETICS
IN THE
MEDICO-CHIRURGICAL SOCIETY OF GLASGOW,
17TH OCTOBER, 1890.

DR. WILLIAM MACEWEN, President, in the Chair.

I.—INTRODUCTION.

GENTLEMEN,—The subject of anæsthesia, and the properties of various anæsthetic agents, is one in which medical men have at all times a keen interest. Lately this interest has received a fillip by the publication of the report of the Hyderabad Commission. The conclusions arrived at in this report have given rise to much comment. Various members of this Society have expressed a belief that a Discussion on Anæsthetics might be profitable, and the council have accordingly arranged to set apart one or two evenings for that purpose, so that all who have a desire to participate in the discussion may have an opportunity of doing so. It would facilitate the arrangements, however, were the names of those members who wish to speak given to the Secretary. While in no way wishing to limit the

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discussion, it is hoped that the observations of the various speakers may be arranged, as far as possible, under the three heads mentioned in the billet:—

1. The relative value of various anaesthetics.
2. Their mode of administration, including the examination and preparation of the patient.
3. Fatal issues, how they arise and how to avert them.

Another point might be put to the practitioners present. Is it possible in the emergencies of practice to have two registered medical practitioners always present when an anaesthetic is administered? Were a law to that effect established, would it increase human suffering or endanger life? It would, as a rule, be easy for surgeons in hospitals or in large cities to obey it; but in private practice, and especially in remote districts where the nearest medical man may be miles distant, such a law might tell hardly on the patient. A man with dislocation of the hip might require to remain in excruciating agony for hours owing to a second practitioner not being forthcoming. Instead of imposing a restrictive law of this kind, would it not be better, if something further is required, to insist upon special certificates being granted for proficiency in the administration of anaesthetics. The holder of these certificates might be obliged to give evidence as to his thorough acquaintance with the physiological actions upon the human being of the principal anaesthetic agents, as to the manner in which fatal issues arise, and how to avert these. Then, after having passed a written examination on the above, he might be required to administer, under the eye of a competent teacher, an anaesthetic to patients on, say, twelve occasions. When he has done so to the satisfaction of this teacher, a certificate of competency might be then granted. A scheme of this kind has been followed by me in the Royal Infirmary among my own students, certificates being granted after they had passed the various examinations. This presupposes that examinations and teaching on the subject of anaesthesia is at present insufficient. The multiplication of certificates in various departments of medicine is in a sense undesirable; but, were the anaesthetic certificate insisted on, it would insure greater attention to the subject. It is quite as important as a certificate of proficiency in vaccination.