LETTERS TO THE EDITOR

SIR:

The recent article by Dr. M. Minuck on "Death in the Operating Room" (Canad. Anaesth. Soc. J. *14*: 197, 1967) is to be welcomed. His plea for "The nation-wide organization of a common mechanism for collecting data . . . for measuring the care of patients undergoing surgery and anaesthesia" should be supported by all anaesthetists.

This article may be judiciously studied in conjunction with a recent article by Drs. W. W. Mushin, H. Campbell, and W. Shang Ng entitled "The Pattern of Anaesthesia in a General Hospital" (Brit. J. Anaesth. 39: 323, 1967). The authors illustrate how aspects of anaesthetic practice, such as drugs administered, the techniques used, as well as mortality and morbidity, may be correlated with surgical factors, for example, the operations performed and the duration of the patient's stay in hospital. They emphasize the value of anaesthetic records in the collection and interpretation of data; as they remark, "Without them impression must be rife."

In view of the high standard of anaesthesia which we are able to offer patients in Canada, it is all the more important that some of the less obvious and less tangible facets of anaesthetic practice, such as the causes of mortality and morbidity in surgical patients, be brought into focus. I therefore urge that, in Dr. Minuck's words, "the development of a universal and uniform technique for the collection of data" be considered by the Canadian Anaesthetists' Society. As a start perhaps this could be done at the levels of Council and the Provincial Divisions; later, such a system might become a requirement of the Canadian Council on Hospital Accreditation, so that, eventually, every anaesthetist in every Canadian hospital might have readily available and on a continuous basis an evaluation of his own "pattern of anaesthesia." Such a plan would surely serve to raise even higher the standard of Canadian anaesthesia.

DAVID A. E. SHEPHARD, M.B., B.S., D.A., C.R.C.P.(C)
Department of Anaesthesia
Halifax Infirmary
Halifax, Nova Scotia

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SIR:

It was interesting to read the article "Anaesthesia for Cardiopulmonary By-pass in Calves" by MacFarlane, Robillard, and Blundell (Canad. Anaesth. Soc. J. *14*: 240, 1967) in view of our own experience with these animals.

We would take exception to the statement, "Although total paralysis in the conscious animal appears cruel, it is felt to be more humanitarian than restraint during induction in large powerful animals." We have never found it necessary

to use relaxants for our animals, since an unrestrained inhalational induction can be achieved very simply by means of a large, clear plastic bag placed over the animal's head in the standing position and through which 4 per cent halothane is delivered. Induction is achieved in about two minutes with no fuss; indeed, the animals appear to enjoy the taste or smell of the vapour.

Anaesthesia is maintained using halothane 0.5 to 1.0 per cent with controlled ventilation. With this concentration we have seen little in the way of cardiovascular depression. Otherwise our technique is identical to that of the authors.

EDWARD C. COCKINGS, M.D., F.R.C.P.(C)
Associate Professor of Anaesthesia
University Hospital
Saskatoon, Saskatchewan

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