CORRESPONDENCE

BERNARD JOHNSON MEMORIAL

Sir,—An appeal for funds to set up a memorial to Bernard Johnson was launched last March. It was hoped at that time to raise the sum of £6,000, which would cover the cost of a memorial plaque to be placed in the Research Laboratories of the Faculty and to endow the salary of the Faculty Adviser in Postgraduate Studies. To date approximately £3,000 has been raised, which falls some way short of the minimum required for this endowment.

An anonymous donor has most generously offered to match any further donations received before March 27, 1961, when the fund will be closed. Should any of your readers wish to subscribe, or to add to their previous donations, their contributions should be addressed to me at the Faculty of Anaesthetists, Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C.2.

GEOFFREY ORGANE,
Dean, Faculty of Anaesthetists,
Royal College of Surgeons.

VOMITING AND HEAD-UP POSITION

Sir,—We regret that circumstances have delayed a reply to Dr. Sykes (1960), who comments on our work previously published (Hodges et al., 1959), relating to the safety of the head-up position for induction of anaesthesia.

On the question raised in the last paragraph we can offer some real and positive evidence. Dr. Sykes questions the real safety of the technique and wonders whether it is “merely due to sleight of hand”. We are flattered, but we cannot agree that the particular skill of a few experienced anaesthetists plays any major part in the real safety of the method. Dr. Sykes suggests that our technique can only be regarded as the technique of choice when it has been practicable in use by “those who would commonly use the technique, that is to say registrars in busy hospitals.” In this group all our registrars and senior house officers circulate through every department, each completing a six months' turn in the Obstetric Anaesthetic Unit usually in the later stages of their appointment. After a period of training and when they have become experienced practice has proved them perfectly competent to use this method. In the past four years many junior anaesthetists have completed a period of training in this manner and the thiopentone suxamethonium head-up induction technique has been adopted for all anaesthetics in our very busy obstetric unit. We have now completed 1,500 cases. In the last three years over 80 per cent of the anaesthetics have been administered by our “experienced juniors.” A fuller report of these cases has been given elsewhere (Hodges, 1960).

We consider the rapid intravenous injection of thiopentone and suxamethonium in the head-up position to be the safest way to ensure a rapid and safe induction and intubation. With regard to the hypotensive effects of the thiopentone, we can only say that in these 1,500 inductions for obstetric operative procedures we have never been worried clinically by such signs. In the majority of our cases, however, the patients legs were flexed with the knees bent, as well demonstrated in the published photograph (Hodges et al., 1959).

We consider this technique superior to suxamethonium combined with cyclopropane, or other inhalational methods, when planned rapid intubation is to be performed. We would draw attention to a recent report on maternal deaths (Walker et al., 1960) which states (when dealing with the anaesthetic aspects of maternal mortality), “It is striking that in ten cases tracheal intubation does not appear to have been planned. . . . Although in seven cases vomiting and regurgitation occurred before intubation could be completed, it is likely that more widespread use of tracheal intubation has avoided many fatalities through this cause. . . . these tragedies could have been avoided by a more experienced anaesthetist.”

The report further states “A consultant anaesthetist should be responsible for anaesthesia in the obstetric department, for the instruction of his juniors, and should be available for consultation by them in any case of difficulty.” We have proved the value of this policy in practice. We do not feel that any anaesthetist inexperienced in the particular requirements and hazards of emergency obstetric anaesthesia would be competent