called in for inspection and again very specific instructions regarding the blunting of the sharp edge were issued. To eliminate the danger of shearing off the end of the plastic tubing or ureteral catheter, Dr. Tuohy's instructions of withdrawal of the Tuohy needle *must* be followed. Here are his instructions.

"After the plastic tubing or Tuohy ureteral catheter has been properly placed, hold the same with the left hand about ½ inch from the needle hub and pull the needle back that far. Move the left hand back again another ½ inch and pull the needle that far out again. Repeat until the needle is free and can be completely withdrawn over the remaining plastic tubing or ureteral catheter.

"Never pull the plastic tubing or ureteral catheter back through the needle, even for a short distance. This will prevent the possibility of shearing off the end of the tubing or catheter with the inner heel of the needle point."

I believe this will ease the minds of many anesthetists who are using the Tuohy needle for continuous spinal and peridural anesthesia.

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Historical Note

Dr. John B. Stetson of Boston submits another historical excerpt.

"One of the very earliest operations, prior to the first capital operation, was by Dr. John H. Dix, an oculist of that day. It consisted in a protracted but limited dissection of tissues near the eye. The inhalation was continued for thirty minutes, and was the first instance of a prolonged anaesthesia; but it was carried on with so little appreciation of the possibility of over-etherization that death would probably have resulted, if Dr. H. J. Bigelow, who was present, had not stopped its further progress while the operation was still far from completed. The hands were cold, the respiration was very slow, and the pulse barely perceptible. The patient was etherized almost beyond recovery. It was then, for the first time, observed and pointed out by Dr. Bigelow that the pulse stood as a beacon between safety and danger,—between a harmless and a fatal narcotism. It was, in fact, the discovery of the safe use of ether."—From page 41 of *A Narrative of Events Connected with the Introduction of Sulphuric Ether into Surgical Use*, by Richard Manning Hodges, M.D., Boston, 1891.

The Society of Military Anesthesiologists

For a number of years, it has been a custom for military anesthesiologists to meet at a breakfast during the Annual Meeting of the American Society of Anesthesiologists. It became apparent, however, that there were many mutual problems pertaining to the practice of anesthesiology in the Armed Forces that deserved discussion and action on a more formal basis. As a consequence, the Society of Military Anesthesiologists was formed during the recent meeting of the American Society of Anesthesiologists in Miami Beach. Cdr Thomas C. Deas, MC, USN, Philadelphia, Pennsylvania, was elected President; Col Robert Lau, USAF, MC, Lackland Air Force Base, Texas, Vice President; Major R. R. Hansen, MC, USA, Washington, D. C., Treasurer; and, LCdr L. D. Egbert, MC, USN, Philadelphia, Pennsylvania, Secretary. Anesthesiologists eligible for membership in the Society include regular active service anesthesiologists, reserve officers who are anesthesiologists, and civilian consultants to the Armed Forces in anesthesiology. Inquiries should be sent to LCdr L. D. Egbert, Department of Anesthesiology, U. S. Naval Hospital, Philadelphia 45, Pennsylvania. The Journal wishes this new Society well in the accomplishment of its objectives.