To the editor:

After reading the December, 1975 issue of the AANA Journal, I wish to take exception with an item found under the section of "News and Views".

You have stated that the results of a poll conducted by Cambridge Research (whoever they are?) indicate that most Americans favor some form of national health insurance (NHI). Also, the majority of those polled favor controls by government on hospitals and doctors.

I think it's amazing, first of all, that this firm can speak for a majority of Americans by a sampling of 1,500 persons. The contradictions of the Harris and Gallop Polls should be enough to make you aware of the reliability of polls.

In the October, 1975 issue of Private Practice, Phillip M. Crane, Republican, 12th District of Illinois, wrote an article about NHI. He stated that no Congressman is getting mail from constituents demanding governmental action. In fact, after soliciting opinions from his constituents, the opposition to NHI has been in the 85-90% range.

I have noticed in recent months that the AANA has tended to favor the NHI. As a faithful dues paying member of the AANA, I firmly object to this position. Instead of encouraging the bureaucrats in Washington, D.C., to continue their regulatory and socialistic ways, we as intelligent, professional, loyal Americans should be fighting to stop these attacks on medical care.

If you don't think this is a serious matter, please check the situation in Great Britain. Don't be fooled—it can happen here.

JOHN R. PETERS, CRNA
Quincy, Illinois

Editor's note ...

According to Hospitals, Cambridge Research made its study during the week of April 10-17, 1975, offering its 1,500 respondents the following options with the resultant percentage answering:

1. Keep things the way they are—13% favored this.
2. Provide medical insurance for the poor and catastrophic coverage for all others—23% favored this.
3. Guarantee as much care as is needed to all who need it—35% favored this.
4. Total nationalization of health care—22% favored this.

The survey was part of a confidential study for a client of the research firm.

The AANA has developed its own position paper on a national health program. (See the "Editorial" in the October, 1975 issue of the AANA Journal.) AANA members received copies of this paper in the July issues of the AANA News Bulletin.
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**Description:** Ether (enflurane) is a nonflammable anesthetic agent. It is 2-chloro-1,1,2-trifluoroethyl difluoromethyl ether, and its molecular formula is C₂H₂ClF₅.

Some physical constants of the compound are:

- Molecular weight: 184.5
- Boiling point: 76°C
- Freezing point: 0°C
- Specific gravity: 0.92

**Muscle relaxation is adequate for intra-abdominal operation at normal levels of anesthesia. Should greater relaxation be necessary, nondepolarizing muscle relaxants may be used. All commonly used muscle relaxants are compatible with Ether. The nondepolarizing muscle relaxants are more potent, however, since Ether does not reverse the direct effect of the Ether.**

**Indications:** Ether (enflurane) may be used for induction and maintenance of general anesthesia, adequate for all surgical procedures. Appropriate doses of Ether should be used to induce unconsciousness, followed by the Ether mixture or inspired noxious concentrations of 3.5-4.5% Ether produce surgical anesthesia in 7-10 minutes.

**Dosage and administration:**

- **A: 3.5-4.5% Ether.**
- **B:** vaporizers from which delivered gas contains no stabilizer. Nothing must be added.
- **C:** vaporizers from which delivered gas contains no stabilizer but are not specifically calibrated for Ether. These should be used with caution in patients with reasonable lungs, but are not specifically calibrated for Ether may be used.
- **D:** vaporizers from which delivered gas contains no stabilizer and are not specifically calibrated for Ether may be used. The use of anticholinergic drugs is recommended when the action is in the absence of other complications. Excessive decreases in arterial blood pressure, which are not specific to the effect of anesthesia, may be offset by correction of blood pressure in patients with a reduced cardiac index. Oxygen administration should be used to ensure ventilation with pure oxygen as circumstances dictate.

**References:**


