The committee approved 393 applications for membership to the National Association—369 active and 24 associate. One is still pending. Three applications were rejected.

The membership to date totals 878.

In order that applications may be more quickly and accurately passed upon, we suggest that each State Association impress upon their applicants the necessity of answering each question on the application blank in detail.

Respectfully submitted,
Myrn Momeyer, Chairman.

September 25th, 1934

◆

REPORT OF PRESIDENT

Members of the National Association of Nurse Anesthetists:

A year ago at this time we were returning from our first annual meeting in Milwaukee. We were enthusiastic, elated over the success of our first meeting, and inspired to carry through the year of hard work ahead of us. The widespread interest that has developed in the organization since our meeting in Milwaukee has been far beyond our expectations and our fondest hopes, and it has been a constant source of pride and satisfaction to see the organization grow from day to day.

State organizations are rapidly getting under way, and it has been through the combined efforts and the splendid leadership shown by the members within the State groups that this year's progress has been made possible. The State leaders have been untiring in their endeavors to stimulate enthusiasm for State organizations, and to these women we are indeed grateful for the fine spirit displayed in their earnest desire to further the cause.

Let me take this opportunity to ask each and every member to assist their State leaders and to lighten the burden as much as possible by lending their whole-hearted co-operation to a program that will not only aid the State, but will help to further the objectives of our National Association.

In order to give you some idea of the time and effort that have been spent by individual members, let me tell you of one instance. An anesthetist in one state, in an effort to organize the state, wrote thirty-four letters by hand, and the letter you may be sure was an earnest appeal to the anesthetists to lend their support. I could give you many such examples, but suffice it to say that any association or any group that has that type of person in its midst is indeed fortunate, and with the courage displayed by the many such leaders in our group we are bound to succeed.

From the National headquarters we have made every effort possible to work out such a system that the work of the organization would be taken care of speedily and efficiently. This has been no easy task, and the demands made upon us because of the rapid growth of the organization have at times seemed overwhelming. During the year approximately
13,780 pieces of mail were sent out from National headquarters, the preparation of which required much time, to say nothing of the other details. I have estimated that thirty per cent of one's time if active in an association of this nature, is spent in organization work, and I feel that I have been conservative in this estimate. I am giving you this report, not with the idea of impressing upon you the time that has been given to the organization—because it has been gladly given—and I for one am grateful that I have had the opportunity of being of whatever service I could be to our group, but rather to give you some idea of the interest that is being taken in the organization, and to encourage each and every one of you to become active in your state. The load is never so heavy if all forces are pulling together.

In the last year, due to the economic disturbances throughout the country, certain states have witnessed a good deal of agitation against the nurse anesthetist. I want to outline to you the trouble in California. Several years ago the Attorney-General of California rendered an opinion that it was illegal for a nurse to administer an anesthetic. Many hospitals, however, continued to employ nurse anesthetists, and last year a new Attorney-General was elected who rendered a contrary opinion. Directly after this occurred a suit was entered by three doctors in California against Miss Dagmar Nelson, a nurse, who sought to prevent Miss Nelson from administering anesthetics. The case was brought to trial in July of this year, lasting twelve days. Every issue in the course of the trial was met fairly and squarely, and I quote the decision of Judge Campbell as reported in the Los Angeles Herald:

"Acts of the defendant, under the evidence introduced in this case, do not constitute the practice of medicine or surgery under the medical practice act."

In the course of the trial information was sent from National headquarters. The report of our first annual meeting, as well as our constitution and by-laws, were used to good advantage, and it has been stated by the California anesthetists that the fact that we have a strong National organization, as well as the information sent from headquarters, benefited them in this instance.

Recently, in Indiana, the Attorney-General of that state also rendered an opinion that it was illegal for a nurse to administer an anesthetic. The outcome may be as it was in California, and again our organization should be prepared to furnish any necessary information and assistance. In my paper this afternoon I made reference to this subject, and I would refer you to it in regard to what I believe our stand should be.

When the Nominating Committee met in June my name was again presented as president of the organization. I refused the nomination, for the reason that I believe that we should establish the precedent of each year passing the office on to someone else. It has been my good fortune to have been your second President. I want to thank those who have given me their utmost co-operation this year, and I am frank in saying that it is they who have made it possible to accomplish whatever has been accomplished. I have had the co-operation of the Board of
Trustees, for which I am deeply grateful, and in leaving the office of
president, let me add that it has been my pleasure and my good fortune
to have come in contact with the many fine women throughout the
country that the office has afforded me.

Respectfully submitted,
Gertrude L. Fife.

September 25th, 1934

THE EFFECT OF OXYGEN IN THE PREVENTION OF THE LIVER
NECROSIS PRODUCED BY VOLATILE ANESTHETICS

(Abstract of paper)
S. Goldschmidt, I. S. Ravdin and Baldwin Lucke

A comparison has been made of the relative incidence of liver
necrosis in dogs anesthetized in a semi-closed system when the anes-
thetic was volatilized with air and when it was volatilized with oxygen.
The data show that the use of oxygen with either divinyl ether or chloro-
form is a potent factor in the reduction of post-anesthetic liver necrosis.

When divinyl ether was used as the anesthetic by any method, liver
necrosis was not observed with any degree of regularity until the anes-
thesia was maintained for a three-hour period. The incidence of post-
anesthetic necrosis after three hours of anesthesia in a semi-closed system
was nearly twice as high when the anesthetic was volatilized with air as
with oxygen.

Chloroform anesthesia, on the other hand, resulted in a high inci-
dence of liver necrosis in dogs after one hour of anesthesia. The
incidence of liver necrosis following one hour of chloroform anesthesia
in a semi-closed system was approximately ten times as great when the
anesthetic was volatilized with air as with oxygen.

Liver degeneration has been produced in the dog following three
hours of ether anesthesia when the anesthetic was volatilized with less
than atmospheric pressure of oxygen, i. e., oxygen (15 per cent) and
nitrogen (85 per cent).

Data demonstrating the efficacy of oxygen during anesthesia will
be presented and the general implications of our findings will be
discussed.

THE DANGERS OF SPINAL ANESTHESIA

By
W. Wayne Babcock, M. D.

From the Surgical Department of Temple University, Philadelphia.

As with all anesthetics the danger of spinal anesthesia depends
largely on its method of use. Differing, however, from most other forms
of anesthesia, a complete dose estimated to be sufficient for the period of
operation is introduced at the outset without determining the reaction of
the patient to smaller doses of the drug. With inhalation anesthesia
and to a degree even with local anesthesia, the induction is graduated