Mch. 7 - 1931

Dear Ralph:-

My head's out of the cyclone cellar again. O.K. excepting another anticipated seance with the tooth puller, and then the oral carpenter work. Had about lost my gluteal resistance. Now trying to develop the old time gluteal keratosis, so that I can give anesthetics without a cushion.

Now what the hell are you going to do? What ever you do is what we want you to do. Are you coming here with your wife before the San Francisco meeting? Or are you coming after that. That you are coming is sure I know. There are a lot of arrangements that you can make of which a few follow herewith.

You can come to Los Angeles on your way to the meeting or on your way home. I think the fare is the same. You can bring your wife here and leave her, we can go the to the meeting and come back here. In that case you and I would drive. Shumans are looking for you and so are the Winelands, and not without your wife. This is her chance to see the West and you can soak a few of your private cases for money to bring her with you. She need not go to the meeting at all. I do not believe meetings are any place for our wives. Maybe you will not agree with me on that but I am right. Or you can meet me at the meeting with your wife, and then come down here with me. In that case I would drive up, and give us all the benefit of the drive home. They tell me it is a peach of a drive.

Tell me what you are going to do. That meeting is April 27 to 30.

Now about your papers. Shoot your own stuff.

The only time I have talked on the filter stuff here was two years ago at the state meeting. I wrote you then what I talked about. Anything you say will get across.

About spinals: They are used a lot here on the coast. I believe it is falling off lately. I am placing spinals in my work and in my talks in this position, that if we can get satisfactory anesthesia under general, with no harm to the patient, general it shall be. Spinal is indicated as a second resort when we cannot get what we want with general. I have knocked the routine use of spinal. My main argument there is the few post operative or late cord troubles that have shown up. A dead patient is much less trouble than a live cord degeneration or injury. I have stated and state here that the adoption of spinal anesthesia in any clinic as a routine, means only that the general anesthesia in that clinic is rotten. Given good general anesthesia, there is but little place for spinal. We will all be interested in your
investigations and opinions.

We endotracheal. The adoption of the McGill or any other nasal technique, is an admission that the technique with our method is faulty. Ours is more difficult, but it is more certain, more scientific, cleaner, less traumatic and sufficiently better in general to justify the additional trouble of its employment. I do not believe you have been getting the results you should have out of the catheter and balloon as I use it, or you would have found McGill deficient by this time. If you do not know it yet, you are soon to learn it. If it is in your mind to write up McGill's stuff, do it in a hurry or John will beat you to it.

I am going to write up our endotracheal stuff from my own personal standpoint. If it is as easy, I will do it from the standpoint of both of us.

You are all wet about our CD2 - ether - oxygen apnoeas being deep ether anaesthesia. There is more to it than that. We are getting better acquainted with it, and although we are not much nearer to its control than we were a year ago, I believe that we will be able to control it. By control I mean to be able to produce an apnoea, with perfect relaxation and a pink patient, with normal pulse, when we want it, and to maintain it as long as we want it. From fifteen to twenty minutes, is not uncommon with me now, although I cannot control it. Had one yesterday, with a barely perceptible respiration, for fifteen minutes. It is as good as any spinal relaxation and the surgeon is in paradise. However, I have not mentioned to the surgeons what we are doing, as he would probably not appreciate our efforts.

I am not talking about it at all. Except you and Leake I have spoken to no one about it. I think you might learn some anesthesia out here.

When are you coming and how?

Love to your family. My family like the radio. Gradually thus do we grow apart.

Art.